

Name in Full		Richard P. Bailey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County		Allegany	
	Date of death	1908	Month	Feb	Day	1	Age
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		Liberty St.	
	Married, Single or Widowed	Single		Name of Wife or Husband		none	
1	Father's Name	George Bailey				Father's Birthplace	Balt Md
	Mother's Maiden Name	Katie Albright				Mother's Birthplace	Mt Savage Md
	Name of person giving information	Lucy Easton				How related to deceased	Sister -
	CAUSES OF DEATH						(64)
PHYSICIAN OR CORONER	Primary	Apoplexy				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				yes.		
	Signature of Physician				Address		
	J. M. H. Coroner				Cumberland		
	Md						
	Accident or Suicide?						

Buffalo Mills

5 6 0 3
1 2 5 0
1 2 5
7 3 7 5

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

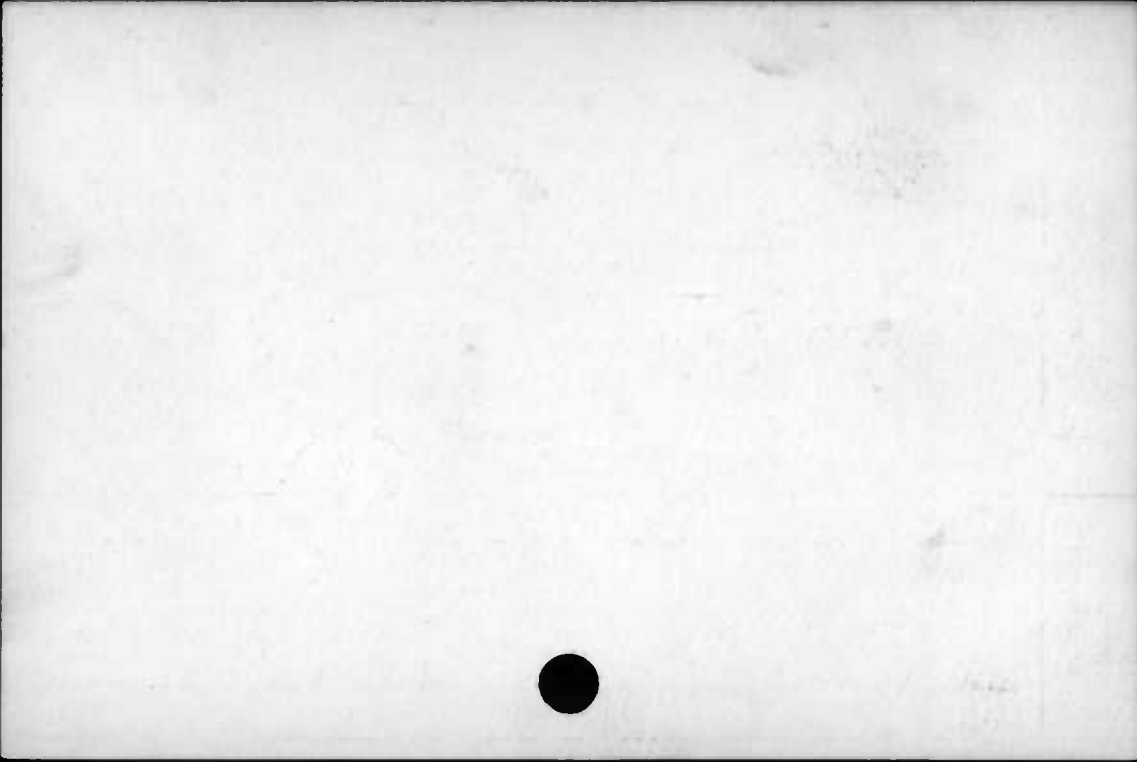
Name <i>Ernest Barth</i>		Town <i>near Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>near Cumberland</i>		Month <i>July</i>		Day <i>22</i>		Age <i>81</i>	
Date of death <i>1908</i>		Years <i>81</i>		Months <i>1</i>		Days <i>28</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Black Smith</i>		Where Residing if not at place of death <i>Germany</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Sophia Barth</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving information <i>William Jaeger</i>		How related to deceased <i>Son in Law.</i>					

CAUSES OF DEATH

193

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>15. days</i>
Immediate <i>Heart failure</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Fourcisseur</i>
<i>Steen</i>	Address <i>Cumberland Maryland</i>
Accident or Suicide? <i>—</i>	<i>mayland</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis Allegations Beeman

Town

County

Died at Barton

Allegany

MARYLAND

Date of death 1908 Feb

Month

Day

18

Age

Years

5

Months

8

Days

4

Sex Male

Color or
Race

white

Birth-
place

Alleg. Co

Occupation

Where Residing if not
at place of death

✓

Married, Single
or Widowed

L

Name of Wife or
Husband

L

Father's
Name

Joseph Beeman

Father's
Birthplace

Alleg. Co

Mother's
Maiden Name

Annie Flynn

Mother's
Birthplace

Garrett Co

Name of person giving
In formation

Joseph Beeman

How related
to deceased

Further

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

6 days

Immediate

Heart failure

How long

two hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

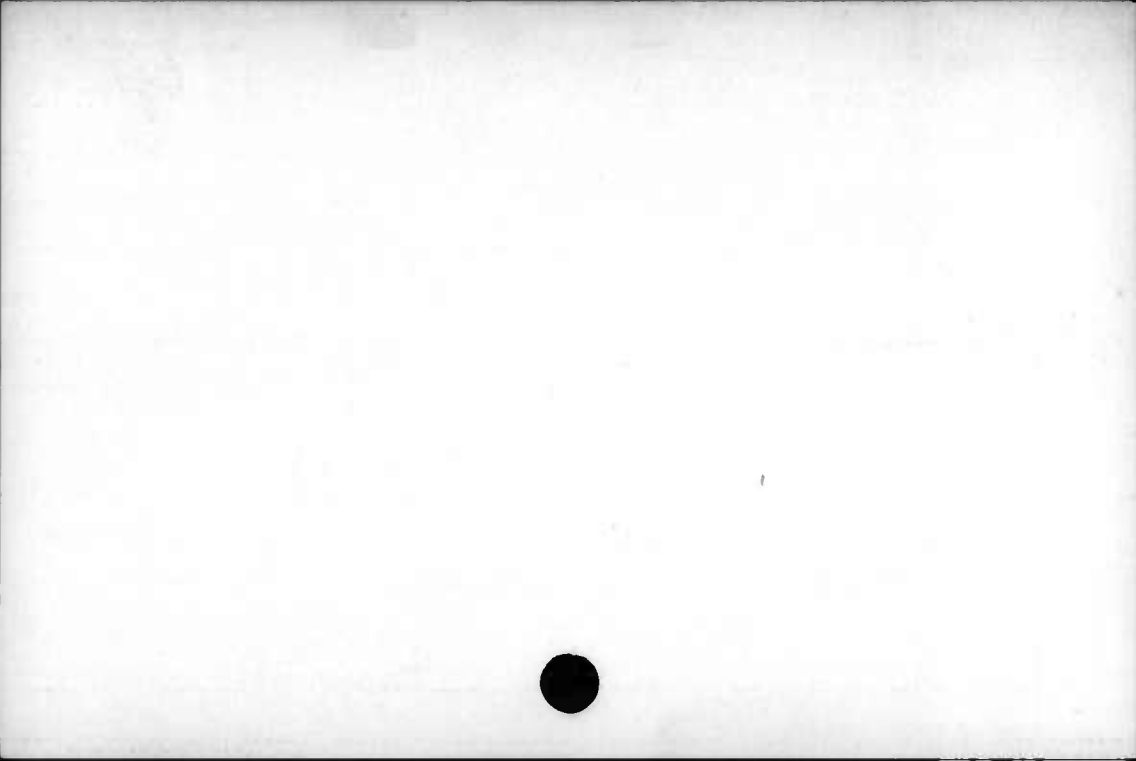
Signature of
Physician

A. A. Boucher

Address

Barton, Md

Accident or Suicide?



Name
in
Full

Richard Bender

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at *Cumberland* County *Alle*

MARYLAND

Date of death *1908* Month *Feb* Day *29* Age *76* Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Contractor* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary A Bender*

Father's Name *Joseph Bender* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Reigal* Mother's Birthplace *Germany*

Name of person giving information *Richard Bender* How related to deceased *Son*

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary *Nephritis* How long *For years*

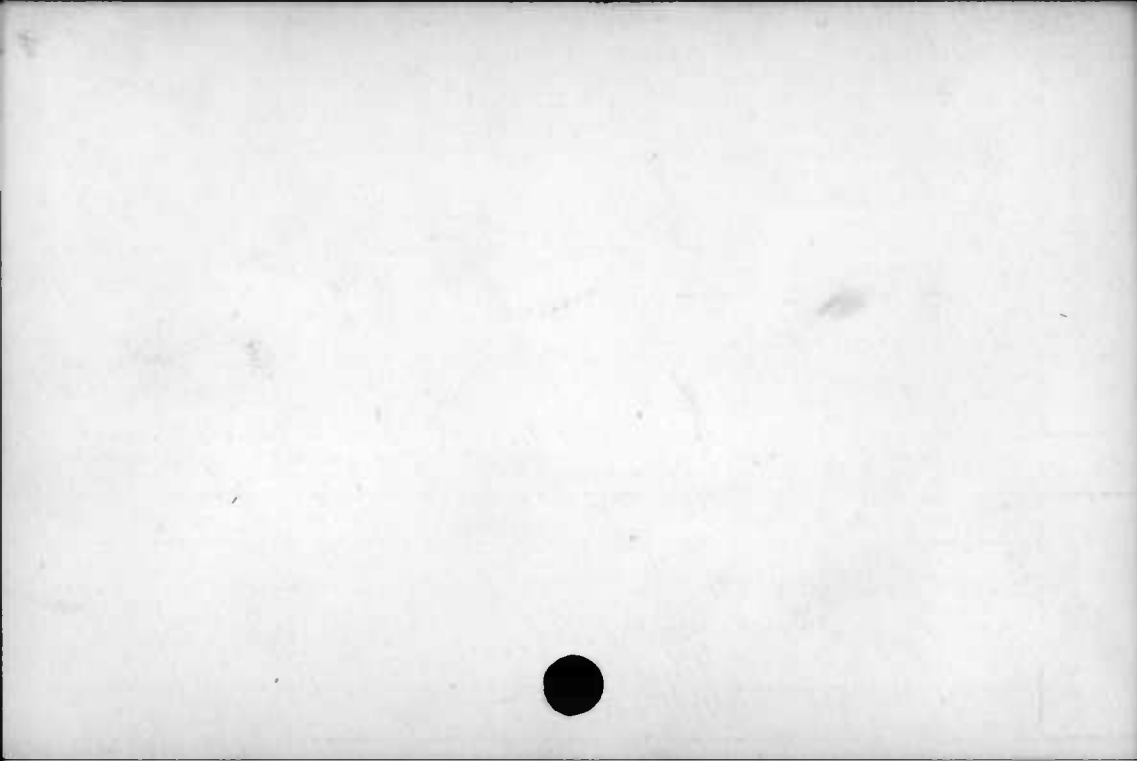
Immediate *uramic Coma* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo L. Gordon*

Address *Cumberland Md*

Accident or Suicide? *Neither*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

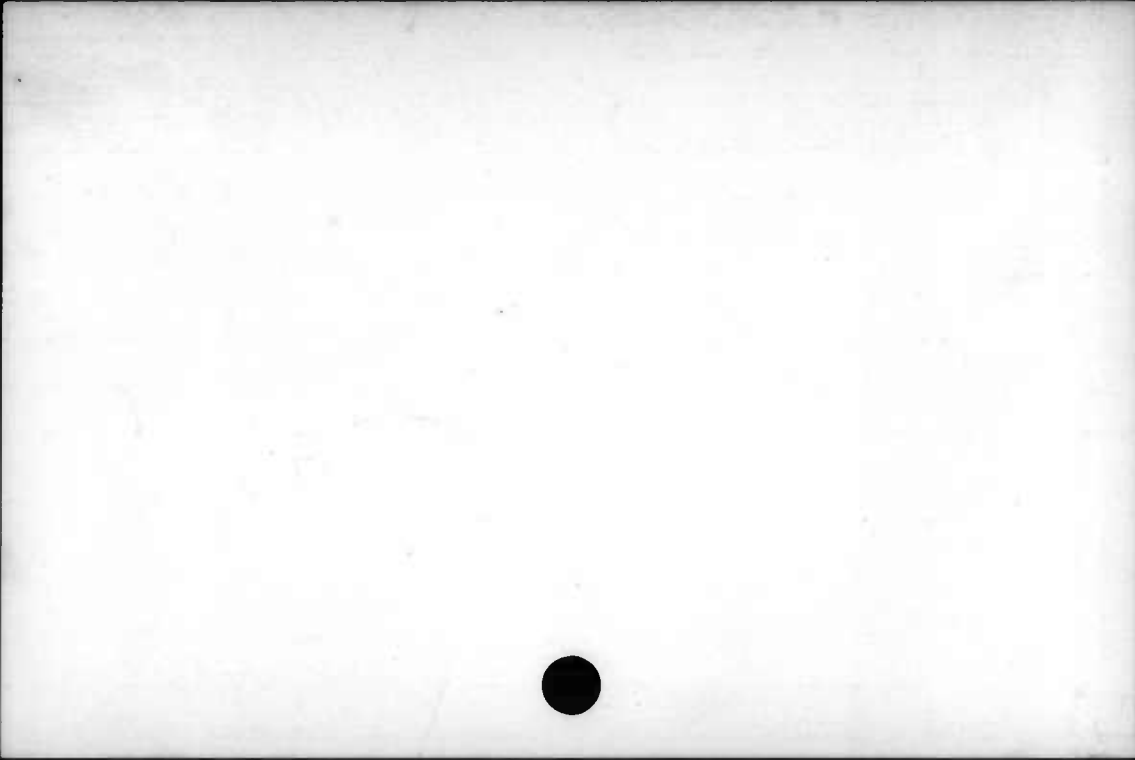
Name in Full Teddy Biaski		Town Westport		County Allegheny		State MARYLAND	
Died at Westport		Month Feb		Day 3		Year 1908	
Date of death 1908 Feb 3		Age 8		Months —		Days —	
Sex male		Color or Race white		Birth-place W. Va			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Joseph Biaski		Father's Birthplace Poland					
Mother's Maiden Name Julia Biaski		Mother's Birthplace "					
Name of person giving information mother of child		How related to deceased					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Don't know - dead	How long	About
Immediate	when sent to home	How long	10 hours.
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician B. J. Fayerbaker	
		Address Westport, W. Va.	
Accident or Suicide? X			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

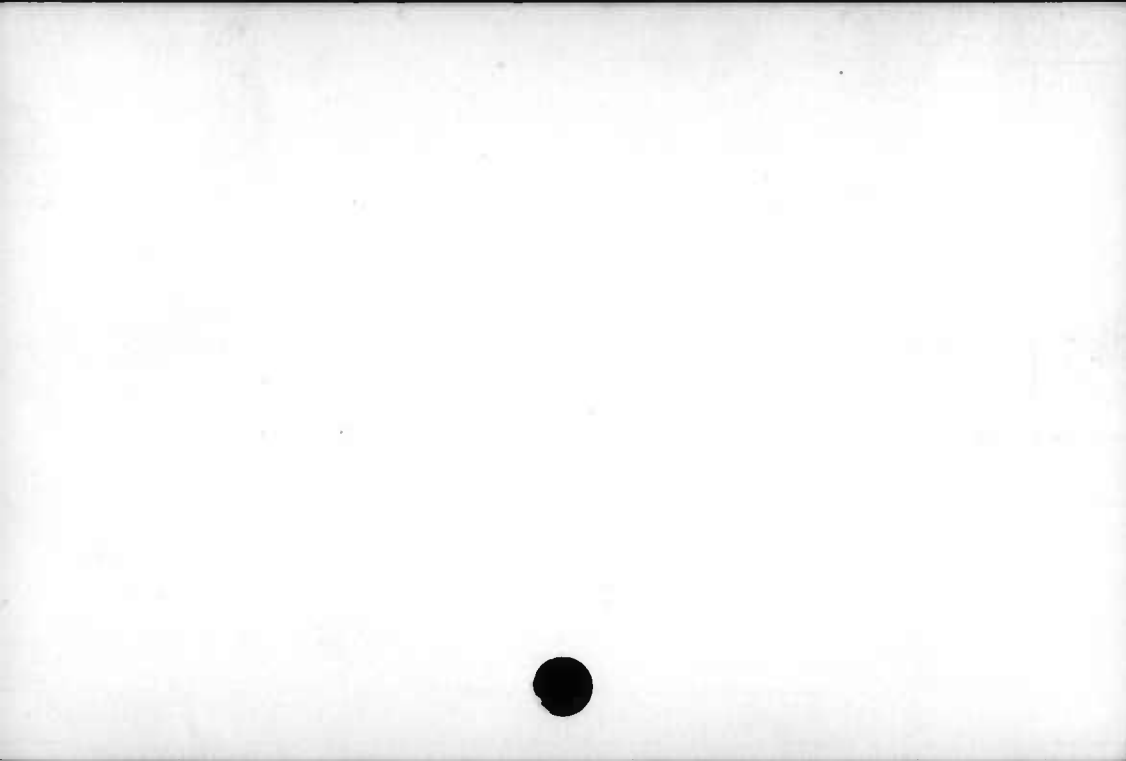
Name in Full <i>Clara Rosetta Jane Boor</i>		Town <i>Puttysburg</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Puttysburg</i>		Date of death <i>1908 February 25</i>		Age <i>Years 8 Months 28 Days</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Puttysburg Ind.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jilden R. Boor</i>		Father's Birthplace <i>Penn'a</i>					
Mother's Maiden Name <i>Bertha Parren</i>		Mother's Birthplace <i>Penn'a</i>					
Name of person giving information <i>Jilden R. Boor,</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>5 wks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Alan E. Hanna</i>
	Address <i>Puttysburg Ind.</i>
Accident or Suicide? <i>no</i>	<i>Ind</i>



Name
in
Full

Brammon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

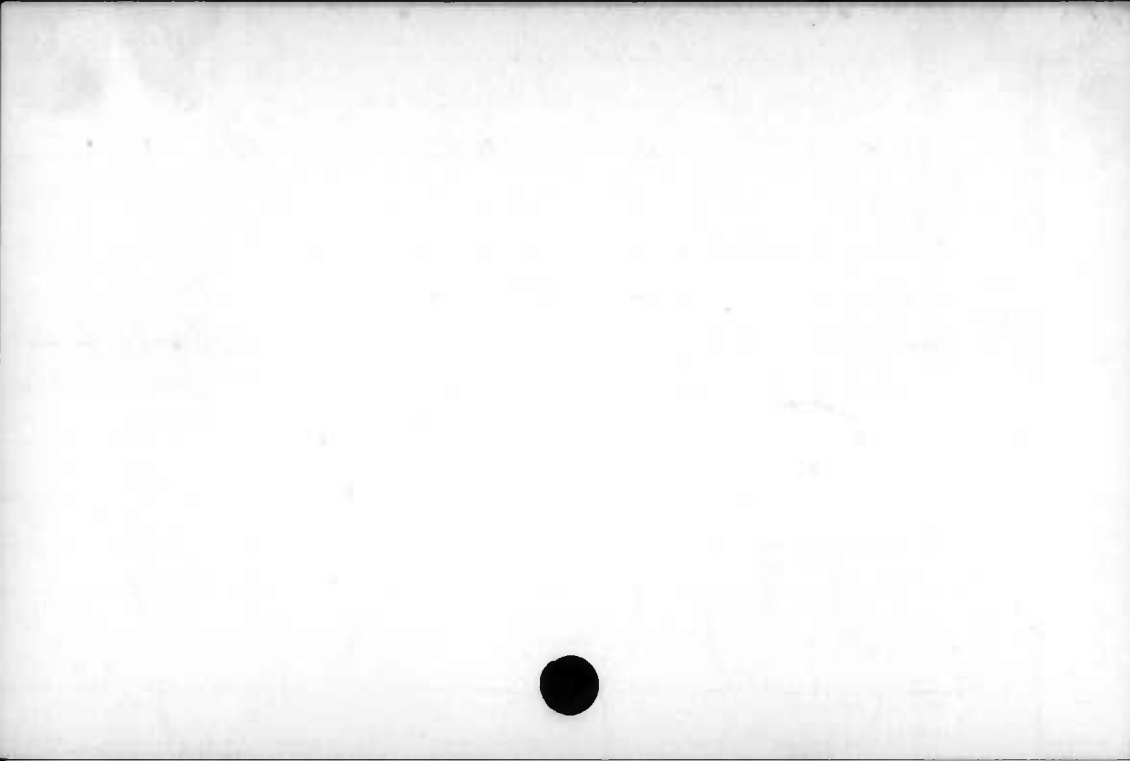
Died at <u>Bro Savage</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Feb</u> ^{Month}	<u>15</u> ^{Day}	<u>15</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Bro Savage</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Wm Brammon</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Annie Farrell</u>			Mother's Birthplace <u>Bro Savage Ind</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary <u>Stillbirth</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>F. Alan E. Munayke</u>
	Address <u>Bro Savage</u>
Accident or Suicide?	<u>Ind</u>



Name
in
Full

Charlotte Cathcart.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

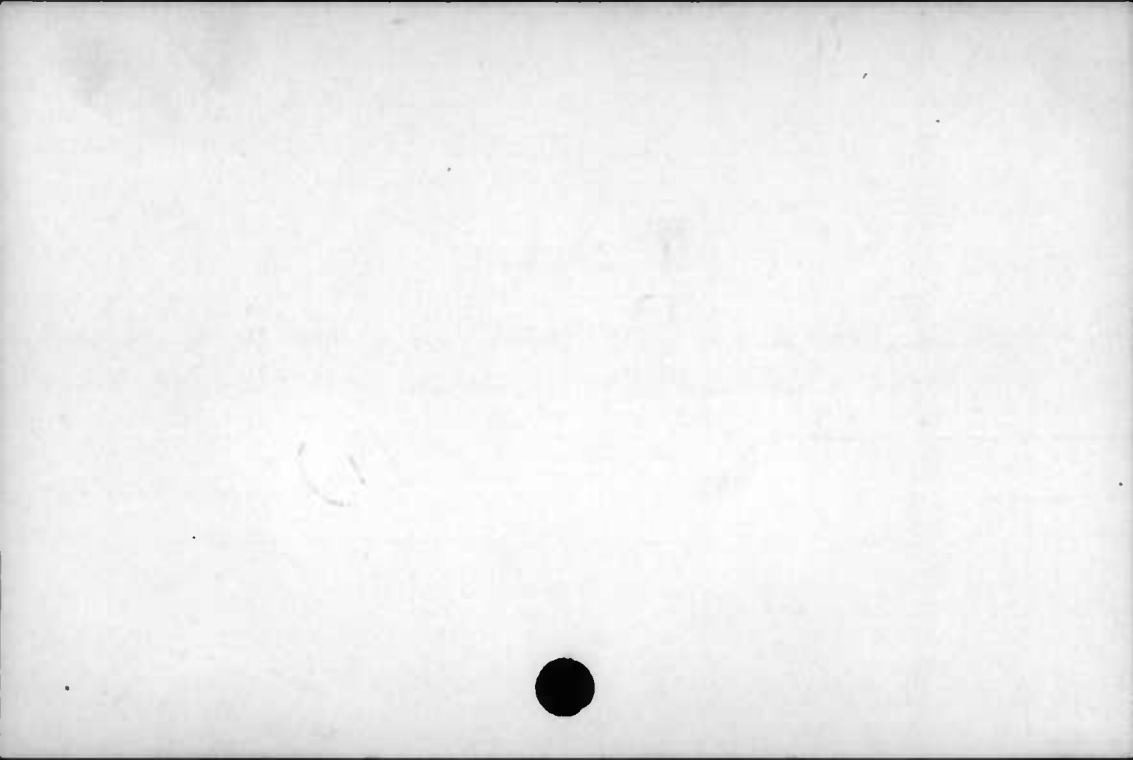
Died at <u>Frostburg</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month <u>2</u>	Day <u>13</u>	Age <u>68</u>	Months <u>11</u> Days <u>28</u>
Sex	<u>Female</u>		Color or Race	<u>white</u>	
Occupation	<u>Housewife</u>		Where Residing if not at place of death	<u>Belfast Ireland.</u>	
Married, Single or Widowed	<u>widow</u>		Name of Wife or Husband	<u>Charles Cathcart.</u>	
Father's Name	<u>James McKee</u>			Father's Birthplace	<u>Belfast Ireland</u>
Mother's Maiden Name	<u>Sarah Stephenson</u>			Mother's Birthplace	<u>Belfast Ireland</u>
Name of person giving information	<u>James Cathcart.</u>			How related to deceased	<u>Son.</u>

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<u>Grip.</u>	How long	<u>1 week</u>
Immediate	<u>Hypostatic pneumonia.</u>	How long	<u>4 days.</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>W. C. C. C.</u>	
Address		<u>Frostburg</u>	
Accident or Suicide?		<u>No.</u>	



Name

In Full

Edward Cessa (Asylum)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Feb</i> ^{Month}	<i>11</i> ^{Day}	Age <i>55</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Unknown</i>
Occupation	<i>Unknown</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Unknown</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Dr. J. H. H. H.</i>			How related to deceased	<i>No</i>

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>2 wks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. F. T. T. T.</i>
		Address	<i>Cumberland, Md.</i>
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

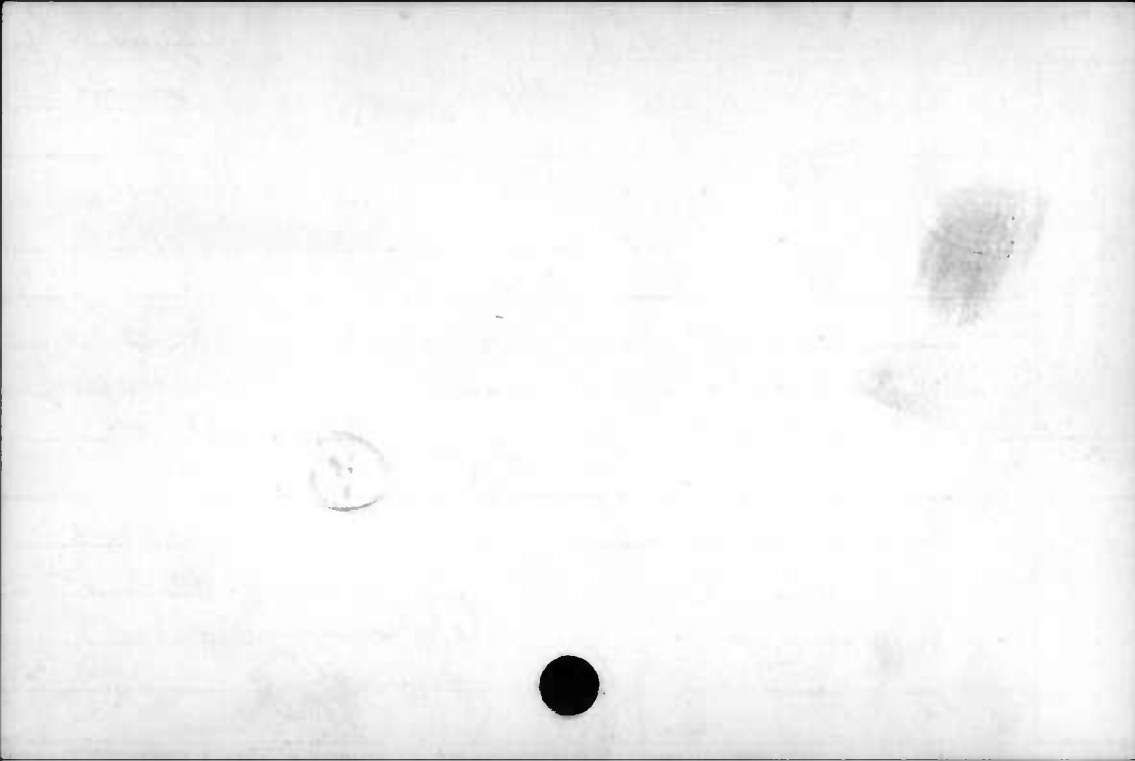
Name in Full Joseph Wilbur Clark		Town Allegany		County Allegany			
Died at Allegany Hospital							
Date of death	1908	Month	Feb	Day	17	Years	4
						Months	7
Sex	Male		Color or Race	White		Birth-place	Sir John Run
Occupation			Where Residing if not at place of death		Sick John Run W. Va.		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		J. R. Clark		Father's Birthplace		Sir John Run W. Va.	
Mother's Maiden Name		Catherine McEwen		Mother's Birthplace		W. Va. Md	
Name of person giving information		J R Clark		How related to deceased		Father	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	How long	6 1/2 Days
Immediate	Pentameter Post-mortem	How long	2 Days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. B. Layman	
Address		Crusader Rd, Co. Va.	
Accident or Suicide?			



Name
in
Full

Lucius R. Clise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>on Farm</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>12</i>	Age <i>1</i>	Years <i>1</i>	Months <i>9</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Allegany County</i>				
Occupation <i>infant</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Annie Clise</i>						
Father's Name <i>Charles Clise</i>	Father's Birthplace <i>Allegany County</i>						
Mother's Maiden Name <i>Annie Trigg</i>	Mother's Birthplace <i>Allegany County</i>						
Name of person giving information <i>George Clise</i>	How related to deceased <i>Uncle</i>						

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Four Days</i>
Immediate <i>Croup</i>	How long <i>Six hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. C. Cunningham</i>
	Address <i>Greensburg Maryland</i>
Accident or Suicide?	

Clises Farm.

Long Mountain

J. Harper

Name
in
Full

Mrs. Thos. Clise - Mary Ann Clise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Silmore		County Alleghany		MARYLAND	
Date of death	1908	Month Feb.	Day 26	Age 39	Years	Months 1	Days
Sex	Female		Color or Race	White		Birth- place	Rawlings, Md.
Occupation	Housewife			Where Residing If not at place of death		Silmore	
Married, Single or Widowed	Married		Name of Wife or Husband		Thos. Clise		
Father's Name	Geo. H. Stevenson					Father's Birthplace	Barton, Md.
Mother's Maiden Name	Martha Dawson					Mother's Birthplace	Rawlings, Md.
Name of person giving Information	Thos. Clise					How related to deceased	Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	9 months
Immediate	Pulmonary Tuberculosis	How long	9 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F. P. O'Neil	
Address		Midland, Md.	
Accident or Suicide?		no.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

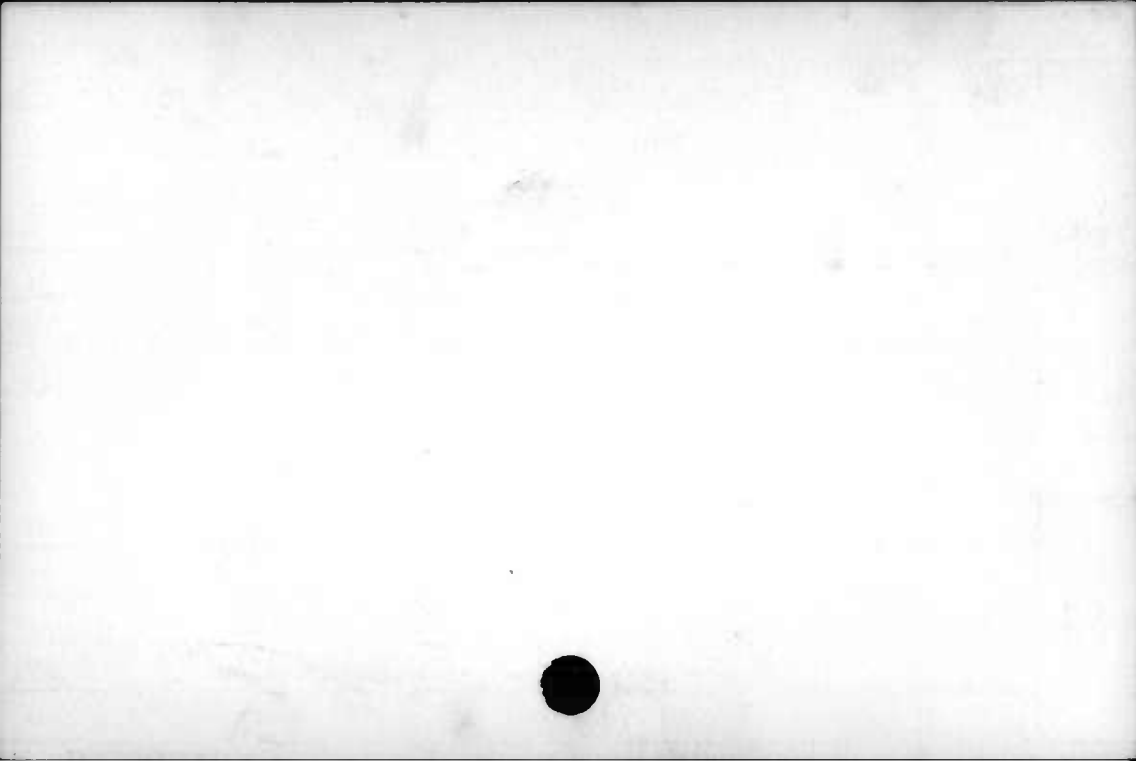
Died at <i>Severn Retreat</i> ^{Town}		<i>Accugay</i> ^{County}		MARYLAND	
Date of death	1908	Month	Feb	Day	16
Age	39	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Va
Occupation	Laborer		Where Residing if not at place of death <i>Berkeley Springs, W. Va.</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Sophia Jones</i>		
Father's Name	<i>George Colley</i>		Father's Birthplace	Va	
Mother's Maiden Name	<i>Do not know</i>		Mother's Birthplace	<i>Do not know</i>	
Name of person giving information	<i>Jessie Alexander</i>		How related to deceased	sister	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>2 weeks</i>
Immediate	<i>Confusion of lungs</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>G. F. Twigg</i>
<i>Severn</i>	Address	<i>Cumbrland, Md.</i>	
Accident or Suicide?			



Name
in
Full

Martha Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salem		County Allegheny		MARYLAND	
Date of death		1908	Month Feb	Day 24	Age 57	Years	Months 5
Sex Female		Color or Race White		Birth- place Wales			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		George O. Cook	
Father's Name		Miles O. Myrick		Father's Birthplace		Wales	
Mother's Maiden Name		Mary Dando		Mother's Birthplace		England	
Name of person giving information		Walter Cook		How related to deceased		Son	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Cancer of Liver	How long	1 Year
Immediate	Progressive Anemia	How long	1 Month
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Abbott R. Walker	
Address		Frostburg, Md	
Accident or Suicide?			



Name
in
Full

Carrie Coonrad

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumbd		County Alleg		MARYLAND	
Date of death	1908	Month Feb	Day 1	Age —	Years —	Months 4	Days —
Sex	Female		Color or Race	White		Birth- place	Cumbd
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Amos Coonrad					Father's Birthplace	Pa.
Mother's Maiden Name	Emma Clingan					Mother's Birthplace	Pa.
Name of person giving In formation	Amos Coonrad					How related to deceased	Father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Inanition	How long	4 hours
Immediate	Inanition	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Dails M.D.
		Address	Cumt, Pa.
Accident or Suicide?			

Orleans x Rds.

Alleg Co. Md.

Name
in
Full

Elmer Corrigan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

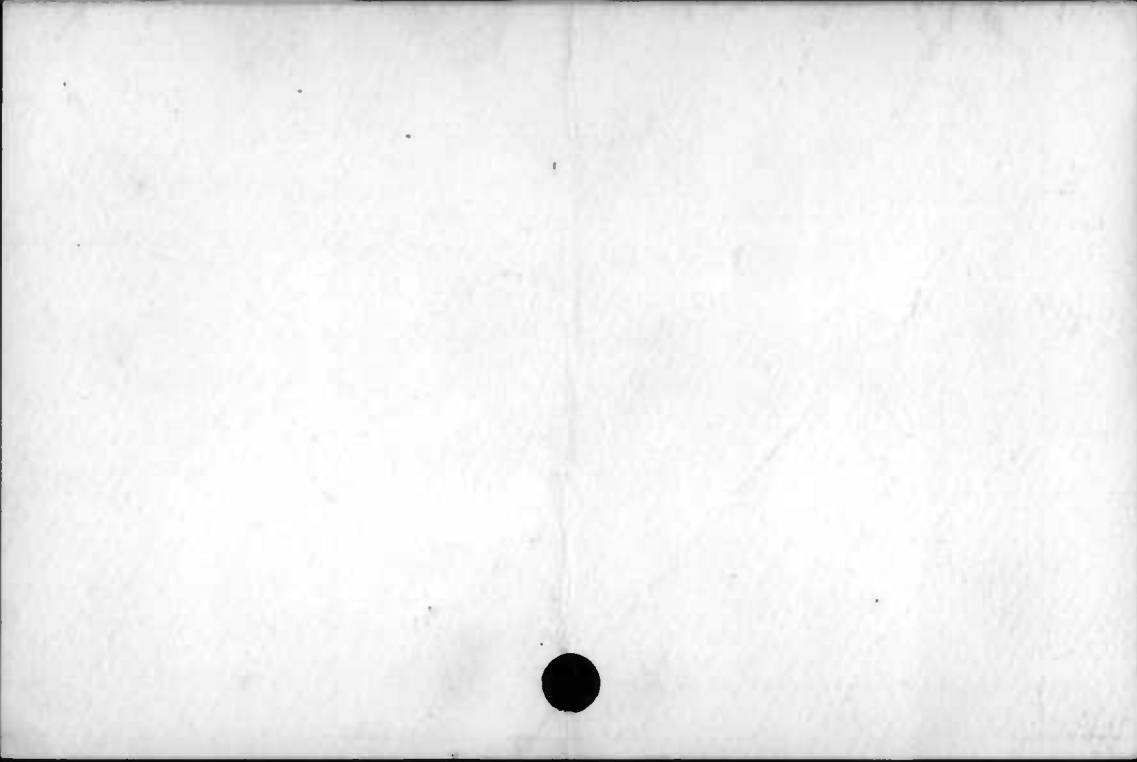
Died at <u>Sond</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Feb</u>	Day	<u>10</u>
Age	<u>2</u>	Years	<u>2</u>	Months	<u>9</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Sond Md</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>Sond Md</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>Mary Corrigan</u>			
Father's Name	<u>Joseph Corrigan</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Mary Miller</u>			Mother's Birthplace	<u>Allegheny Co Pa</u>
Name of person giving information	<u>Dr. J. K. White</u>			How related to deceased	<u>Wife</u>

CAUSES OF DEATH

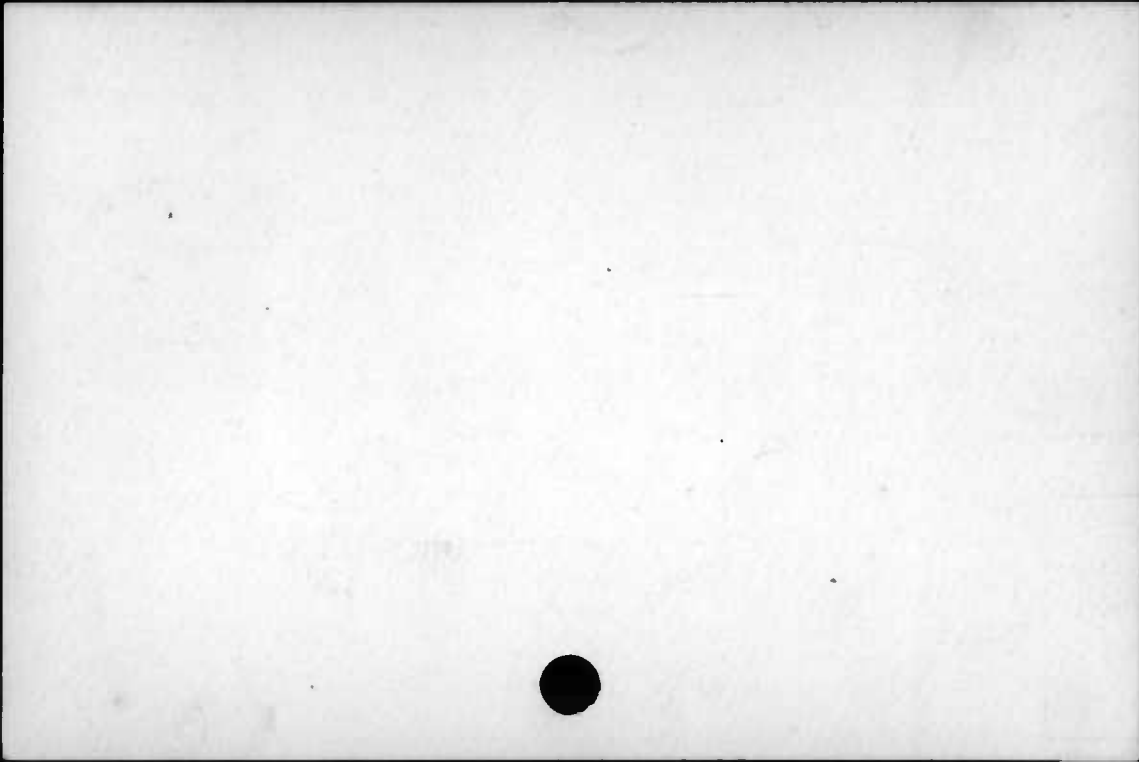
6

PHYSICIAN
OR CORONER

Primary	<u>Miscels</u>	How long	<u>7 days</u>
Immediate	<u>Pneumonia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. J. K. White</u>
<u>—</u>	<u>—</u>	Address	<u>National</u>
Accident or Suicide?	<u>—</u>		<u>Md</u>



Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cummd</i>				<i>Allegheny</i>		MARYLAND		
		Date of death <i>1908</i>		Month <i>July</i>	Day <i>5</i>	Age <i>74</i>	Years	Months	Days	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Taylor Co W. Va</i>				
		Occupation <i>none</i>				Where Residing if not at place of death <i>Paw Paw W. Va.</i>				
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jaralsten</i>						
FATHER'S NAME		Father's Name <i>Do not know -</i>				Father's Birthplace <i>Do not know</i>				
		Mother's Maiden Name <i>Do not know</i>				Mother's Birthplace <i>Do not know</i>				
		Name of person giving information <i>George Wells.</i>				How related to deceased <i>Grand son.</i>				
PHYSICIAN OR CORONER		CAUSES OF DEATH								
		Primary <i>Bright's D.</i>				<i>120</i>				
		Immediate <i>Albumen of Lung</i>				How long <i>2 yrs?</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				How long <i>3 days</i>				
		Signature of Physician <i>A. P. Schuklein</i>				Address <i>Ft. Cumberland, Md.</i>				
+		Accident or Suicide?								



Name in Full		Raymond Albert Dahl				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cumberland		County Allegany		MARYLAND	
	Date of death	1908	Month Feb	Day 7	Age —	Months 5	Days 9
	Sex	Male		Color or Race	White		Birth-place
	Occupation	none		Where Residing if not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	William Dahl.				Father's Birthplace	Germany
	Mother's Maiden Name	Rathear Beal				Mother's Birthplace	Allegany Co Md
Name of person giving information	William Dahl				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(92)</div>							
PHYSICIAN OR CORONER	Primary	Pneumonia, Broncho				How long	3 days
	Immediate	Cardiac Failure				How long	—
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. B. Cleeve Hooker
	Address	Steam				Address	129 Brook Cumberland Md
<div style="text-align: center;">Accident or Suicide?</div>							

221 Columbia Ave.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Maria Damm		Town Cumtula		County Allegheny		State MARYLAND	
Died at Cumtula		Date of death 1908 Feb 9		Age 79		Months 7 Days 11	
Sex Female		Color or Race White		Birth-place Germany			
Occupation Wife		Where Residing if not at place of death -					
Married, Single or Widowed Married		Name of Wife Husband John George Damm					
Father's Name Eckhardt Kuhn		Father's Birthplace Germany					
Mother's Maiden Name Elizabeth Schmidt		Mother's Birthplace Germany					
Name of person giving information John George Damm		How related to deceased Husband					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary	Organic disease of Heart	How long	79
Immediate	prof. Exhaustion	How long	many months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician [Signature]	
Steen		Address Cumtula	
Accident or Suicide? -		Maryland	

10 over

Name
in
Full

Ida S Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>			County <i>Allegheny</i>			MARYLAND		
Date of death	1908	Month <i>Feb</i>	Day <i>11</i>	Age	Years <i>50</i>	Months <i>4</i>	Days <i>-</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Martinsburg W. Va</i>	
Occupation	<i>Wife</i>			Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Steve Davis</i>				
Father's Name	<i>John Piper</i>					Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Mary McGowan</i>					Mother's Birthplace	<i>W. Va</i>	
Name of person giving information	<i>Steve Davis</i>					How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

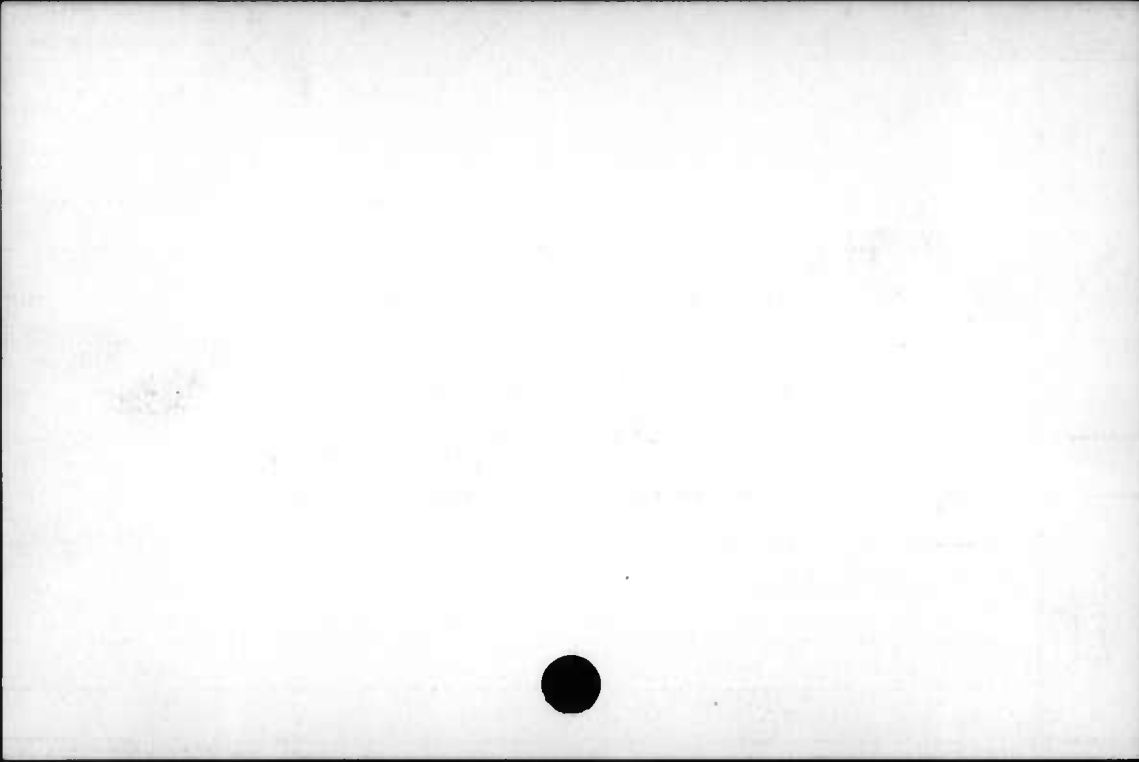
(79)

PHYSICIAN
OR CORONER

Primary	<i>Valvular Lesions & Chain Nephritis</i>	How long	<i>several years</i>
Immediate	<i>Edema of lungs</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. B. Leaybrook M.D.</i>	
<i>Specimen</i>		Address	
		<i>Cumberland W. Va</i>	
Accident or Suicide?			

6 chem

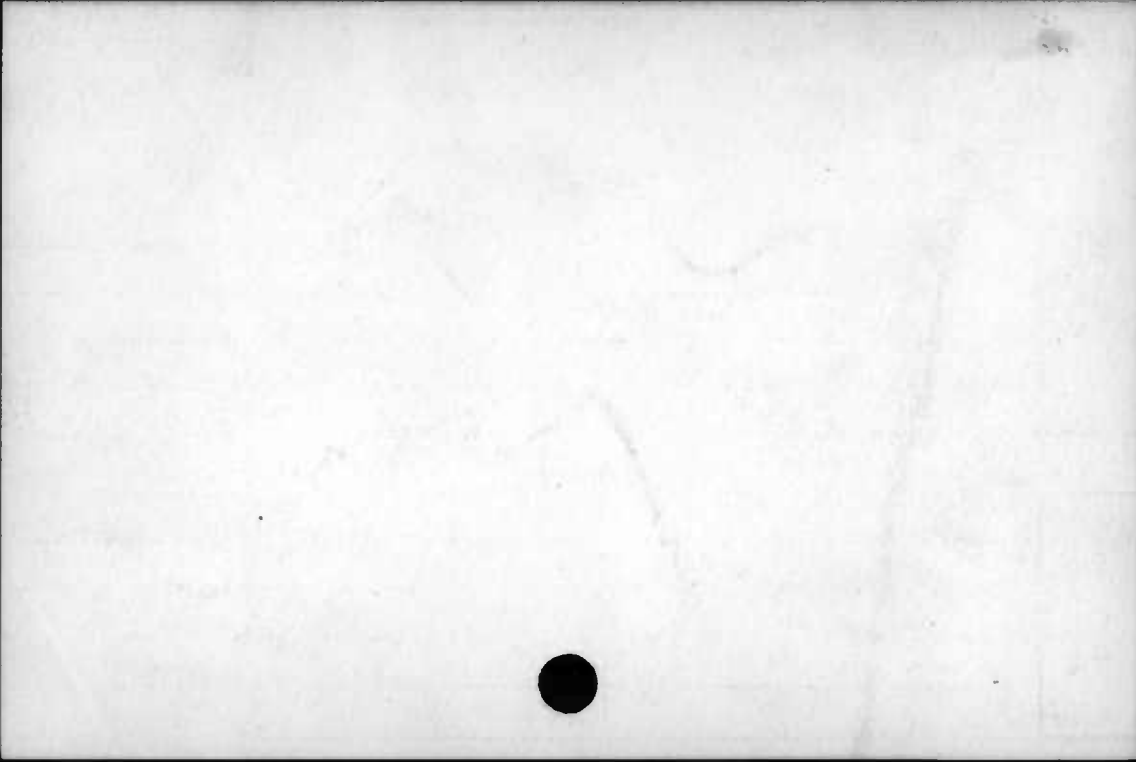
Name in Full		Isaac Davis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tombland		County Allegany		MARYLAND		
	Date of death	1908	Month Feb	Day 22	Age 74	Months 4	Days 0	
	Sex	male		Color or Race	white		Birth-place	Allegany Md
	Occupation	Farmer		Where Residing if not at place of death				
	Married, Single or Widowed	widower		Name of Wife	Caroline Davis			
	Father's Name	unknown				Father's Birthplace	unknown	
	Mother's Maiden Name	unknown				Mother's Birthplace	unknown	
Name of person giving information	Wm. Davis				How related to deceased	son		
<div>CAUSES OF DEATH</div> <div>79</div>								
PHYSICIAN OR CORONER	Primary	Organic heart disease				How long	Some years	
	Immediate	Heart failure				How long	a few minutes	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
	J. C. W.		Address		Tombland Md			
<div>Accident or Suicide?</div>								



Name		CERTIFICATE OF DEATH			
Sarah Day		County		MARYLAND	
Died at		alleg			
Date of death		Month	Day	Age	Years
1908		Feb	25	57	
Sex		Color or Race	Birth-place		
Female		White	Md		
Occupation		Where Residing if not at place of death			
Housewife					
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Jarot Day			
Father's Name		Father's Birthplace			
Andrew Gage		Va			
Mother's Maiden Name		Mother's Birthplace			
Elizabeth Howard		Va			
Name of person giving information		How related to deceased			
Ellen Darnson		Daughter			
CAUSES OF DEATH					
Primary		How long			
Strangulated Hernia (Inguinal)		Two weeks			
Immediate		How long			
Exhaustion					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes.		J. M. Tochtman.			
Address					
L. Steen		Cumberland Rd			
Accident or Suicide?		Tochtman			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

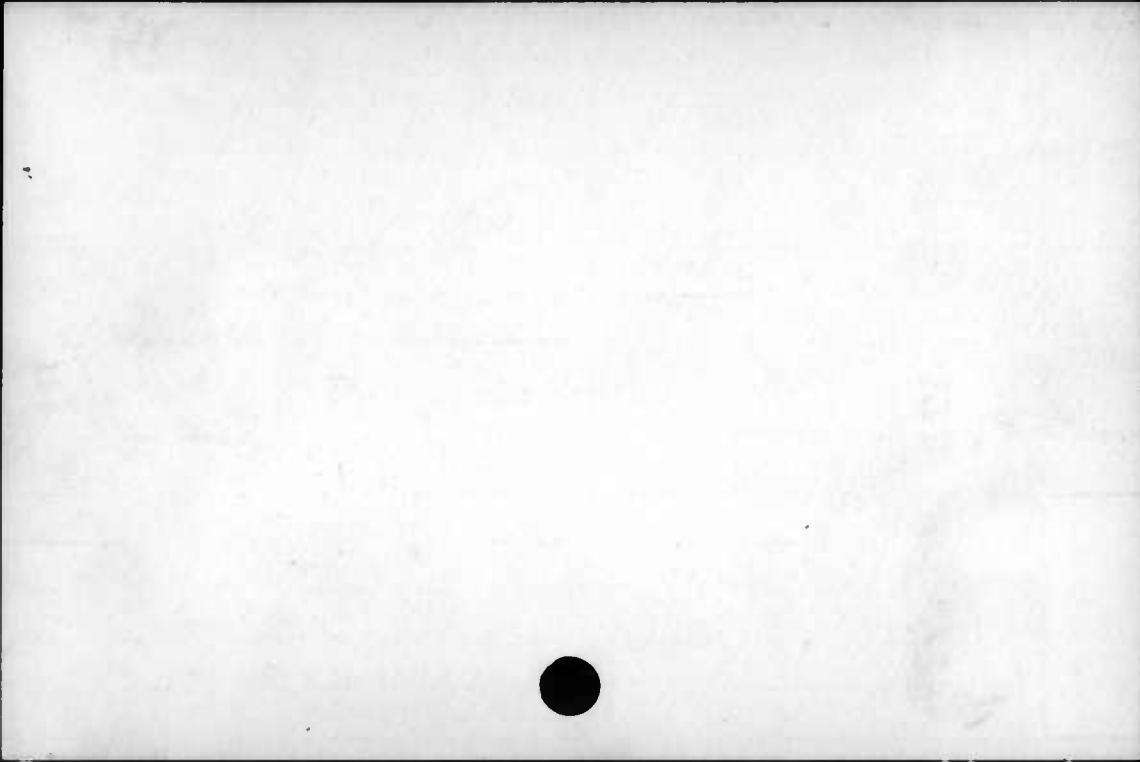
Lena Catharine Drifbaugh
Died at *Se Cumberland* *County* *Allegheny*

MARYLAND

Date of death *1908* *Feb* *28* Age *19* Months *10* Days *19*Sex *Female* Color or Race *White* Birth-place *Pa*Occupation *Silk Worker* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Howard Drifbaugh*Father's Birthplace *Pa*Mother's Maiden Name *Mary Drifbaugh*Mother's Birthplace *Pa*Name of person giving information *Mary Drifbaugh*How related to deceased *Mother*

CAUSES OF DEATH

Primary *Typhoid Fever*How long *1 week*Immediate *Exhaustion from Hemorrhage*How long *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Emory Broadbent*Address *Cumberland*Accident or Suicide? *No.*



Name
In
Full

Joseph B. Dixon

CERTIFICATE OF DEATH

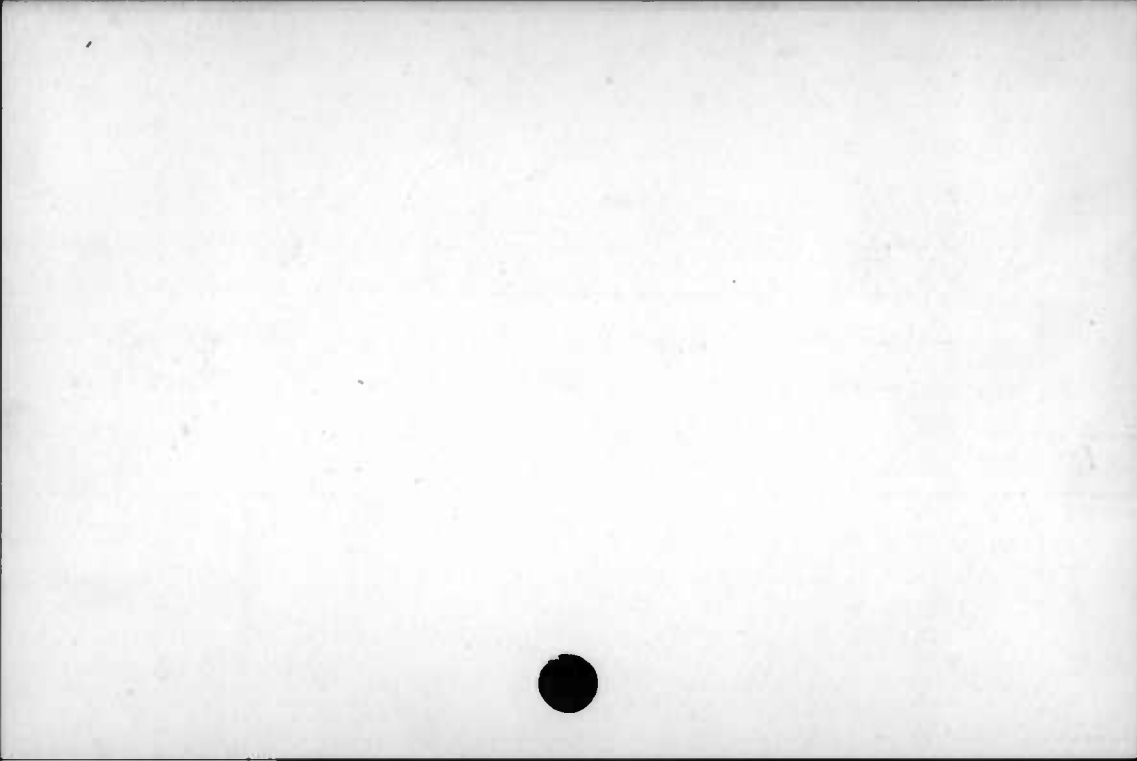
TO BE ANSWERED BY
NEAREST FRIENDDied at Cumberland - Allegany County MARYLANDDate of death 1908 Month 2 Day 20 Age 24 Years Months DaysSex Male Color or Race White Birth-place Stard WmOccupation Telegrapher Where Residing if not at place of death CumberlandMarried, Single Single Name of Wife or Husband NoneFather's Name Joseph A. Dixon Father's Birthplace St. GardenMother's Maiden Name Annie Pragg Mother's Birthplace Pa.Name of person giving information Annie Pragg How related to deceased Mother

CAUSES OF DEATH

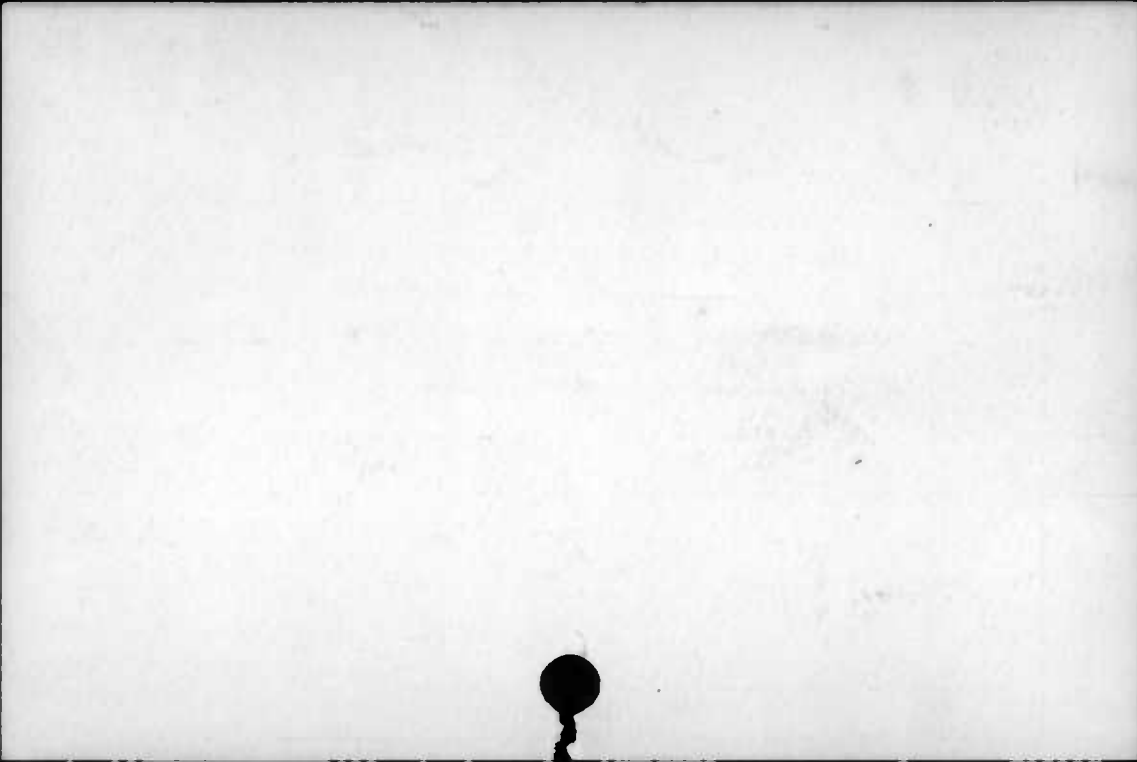
(93)

Primary Lobar Pneumonia How long 5 daysImmediate Acute Alcoholism with Delirium How long 3 daysAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Edward HarrisAddress CumberlandMaryland

Accident or Suicide?



Name in Full Sarah A Downing		Town near Cumberland		County Alleghany		CERTIFICATE OF DEATH	
Died at near Cumberland		Date of death 1908		Month Feb		Day 21	
Sex Female		Color or Race White		Birthplace Baltimore Co Md		Age 71	
Occupation retired housekeeper		Where Residing if not at place of death -		Months 11		Days	
Married, Single or Widowed Widow		Name of Wife or Husband Wm Downing		Father's Name Do not know		Father's Birthplace Do not know	
Mother's Maiden Name Do not know		Name of person giving information Samuel Hs Brinnix		Mother's Birthplace Do not know		How related to deceased Son in Law	
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		93			
Primary Pneumonia		How long 1 week					
Immediate Exhaustion		How long 1 hour					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. R. Hodges		Address Cumberland, Md.			
Accident or Suicide? No							



Name
in
Full

William H. Dufty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

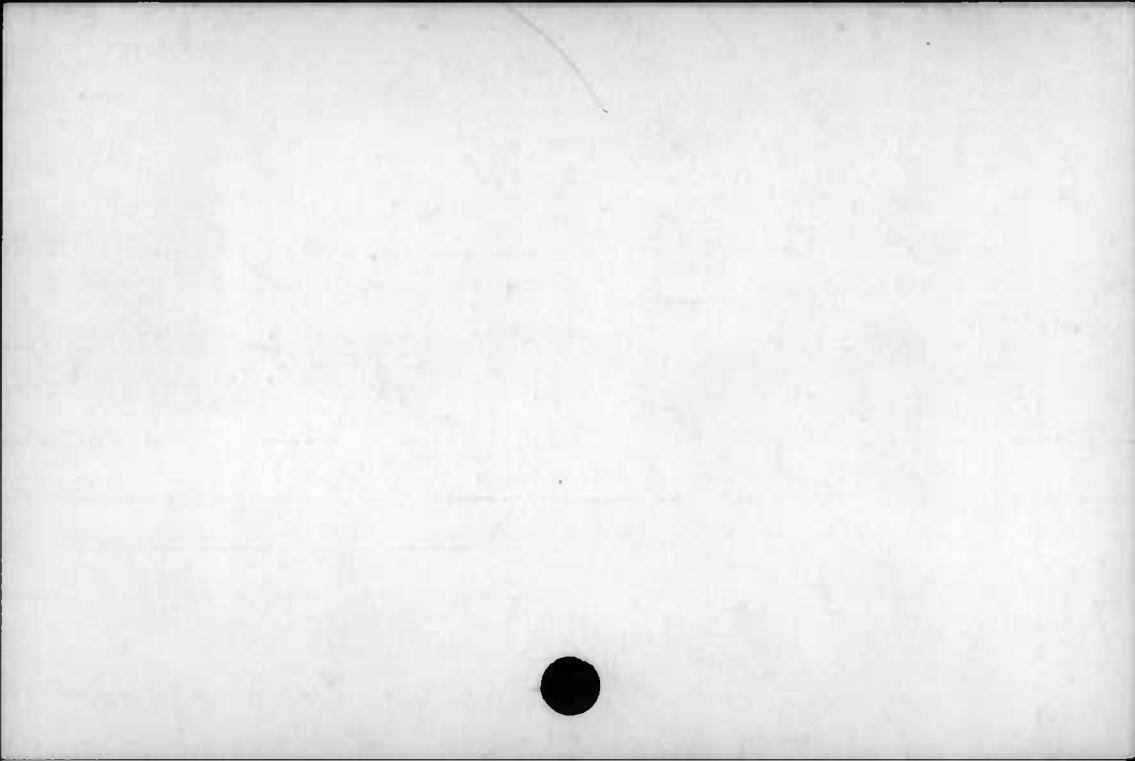
Died at <u>Frostburg</u> <small>Town</small>		<u>allcgany</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month <u>Feb.</u>	Day <u>5</u>	Age <u>65</u>	Years <u>1</u> Months <u>—</u> Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Bristol, Eng.</u>
Occupation	<u>Retired Merchant</u>				
Where Residing if not at place of death	<u>—</u>				
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mary Jane Hart</u>		
Father's Name	<u>James Dufty</u>		Father's Birthplace	<u>England</u>	
Mother's Maiden Name	<u>Sophia Clemens</u>		Mother's Birthplace	<u>England</u>	
Name of person giving information	<u>Mary J. Dufty</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<u>Gastric Cancer</u>	How long	<u>1 year</u>
Immediate	<u>Progressive Anaemia</u>	How long	<u>6 Months</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>Abbott R. Walker</u>	
Address		<u>Frostburg, Md.</u>	
Accident or Suicide?		<u>—</u>	



Name
in
Full

Thomas A Fahey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County accagay		MARYLAND	
Date of death	1908	Month July	Day 9	Age 65	Years	Months -	Days -
Sex	Male		Color or Race	White		Birth-place	Ireland
Occupation	Watchman			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Bringett Frahey			
Father's Name	Patrick Fahey				Father's Birthplace	Ireland	
Mother's Maiden Name	Do not know				Mother's Birthplace	Do not know	
Name of person giving information	J. H. Fahey				How related to deceased	Son	

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Corrhages of Liver		How long	about 1 year
Immediate	Exhaustion		How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician E. B. Cressy Hookland	
Stomach		Address 20 Claybrook Cumberland		
Accident or Suicide?				

Little Orleans

1 day

3 years

Name
in
Full

Ann. R. Frost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at *Frost Station* *Allegheny*
Date of death 1908 *July* Day *13* Age *70* Months *3* Days *—*
Sex *Female* Color or Race *White* Birth-place *W. Va*
Occupation *retired House Keeper* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of ~~Wife~~ Husband *Messersch*

Father's Name *J R Leganore*

Father's Birthplace *W. Va*

Mother's Maiden Name *Edizabeth. Keeton*

Mother's Birthplace *W. Va*

Name of person giving information *Harry Frost*

How related to deceased *Son*

CAUSES OF DEATH

10

Primary *La Grippe*

How long *1 week*

Immediate *Dysentery*

How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Privalentz,

Address


Alaska, W. Va

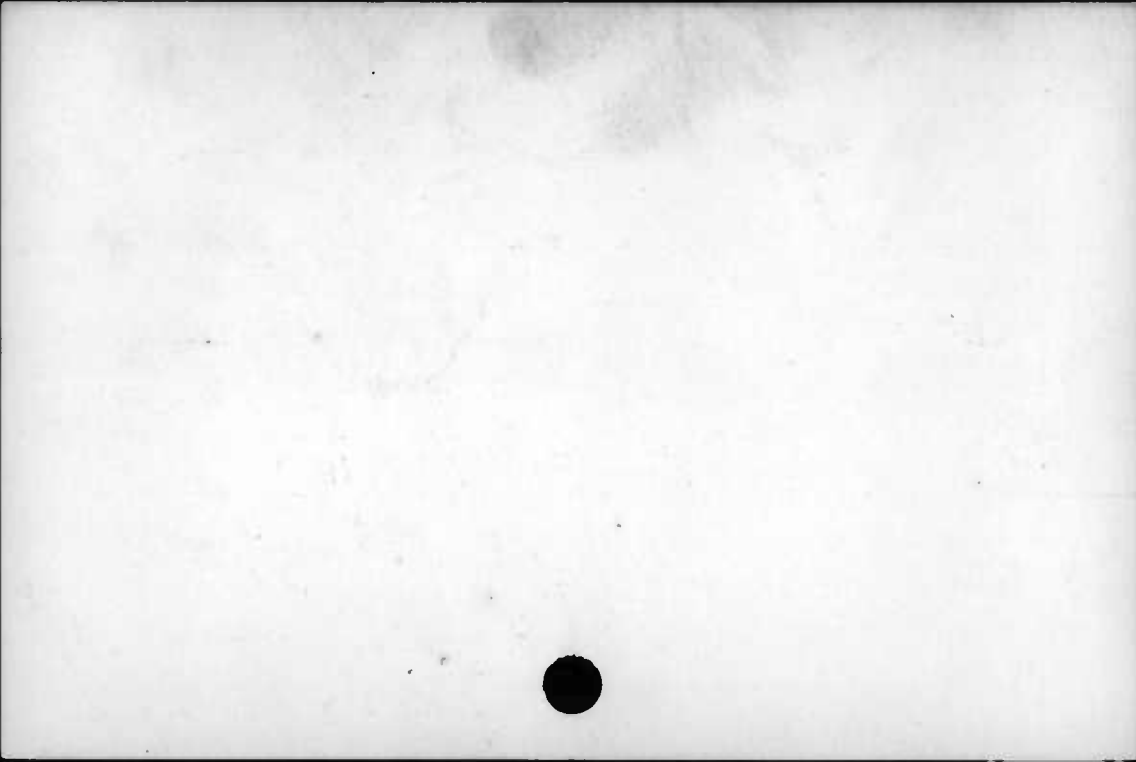
Schreier

Accident or Suicide?

Hammer Smith
Green St. Ext.

55

Name in Full		John Gabler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Cumberland		^{County} Allegany		MARYLAND	
		Date of death 1908 Feb 25		Age 39		Months _____ Days _____	
		Sex Male		Color or Race White		Birth-place Cumberland	
		Occupation Shoemaker		Where Residing if not at place of death _____			
		Married, Single or Widowed Single		Name of Wife or Husband None			
PHYSICIAN OR CORONER		Father's Name Joseph Gabler				Father's Birthplace Germany	
		Mother's Maiden Name Christina Forrester				Mother's Birthplace "	
		Name of person giving information H. Winterburg				How related to deceased Bro in Law	
		CAUSES OF DEATH					
		(112)					
PHYSICIAN OR CORONER		Primary Cirrhosis of liver				How long Ser. mos.	
		Immediate Coma				How long 12 hours	
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician A. H. Brace, M. D.	
		<div style="text-align: center;">  </div>				Address Cumberland	
						Ind	
		Accident or Suicide? <input checked="" type="checkbox"/>					



Name
in
Full

CERTIFICATE OF DEATH

Mary Ann Gephart

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Date

1908

Month

26

Day

16

Age

Years

80

Months

10

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Ernest Gephart

Father's
Name

Adam Holbrook

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Dietrich

Mother's
Birthplace

Germany

Name of person giving
In formation

Mrs. Harry Werschmeyer

How related
to deceased

Daughter in law

CAUSES OF DEATH

44

Primary

Carcinoma Liver & Face

How long

2 yrs or more

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm. L. Broadbent

Address

Cumberland

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant Chas. Gerlach

CERTIFICATE OF DEATH

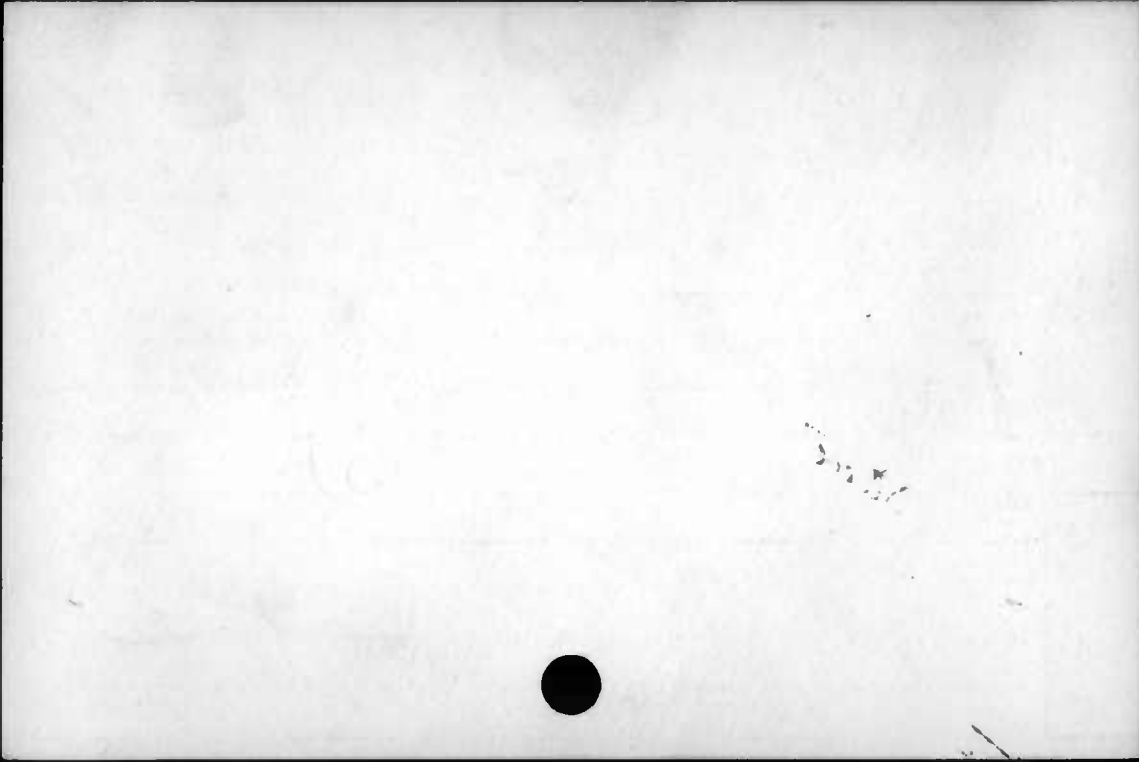
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>La Vale</i>		County <i>Alleg.</i>		MARYLAND							
Date of death		Month <i>Feb.</i>		Day <i>1</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White.</i>		Birth-place <i>La Vale.</i>									
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>None</i>									
Father's Name <i>Charles Gerlach</i>				Father's Birthplace <i>La Vale</i>									
Mother's Maiden Name <i>Helen Carey.</i>				Mother's Birthplace <i>La Vale.</i>									
Name of person giving information <i>Charles Gerlach</i>				How related to deceased <i>Father.</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>Unknown</i>	
Immediate <i>Injury</i>		How long <i>Unknown</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Foghtman</i>	
Address <i>Foghtman</i>			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

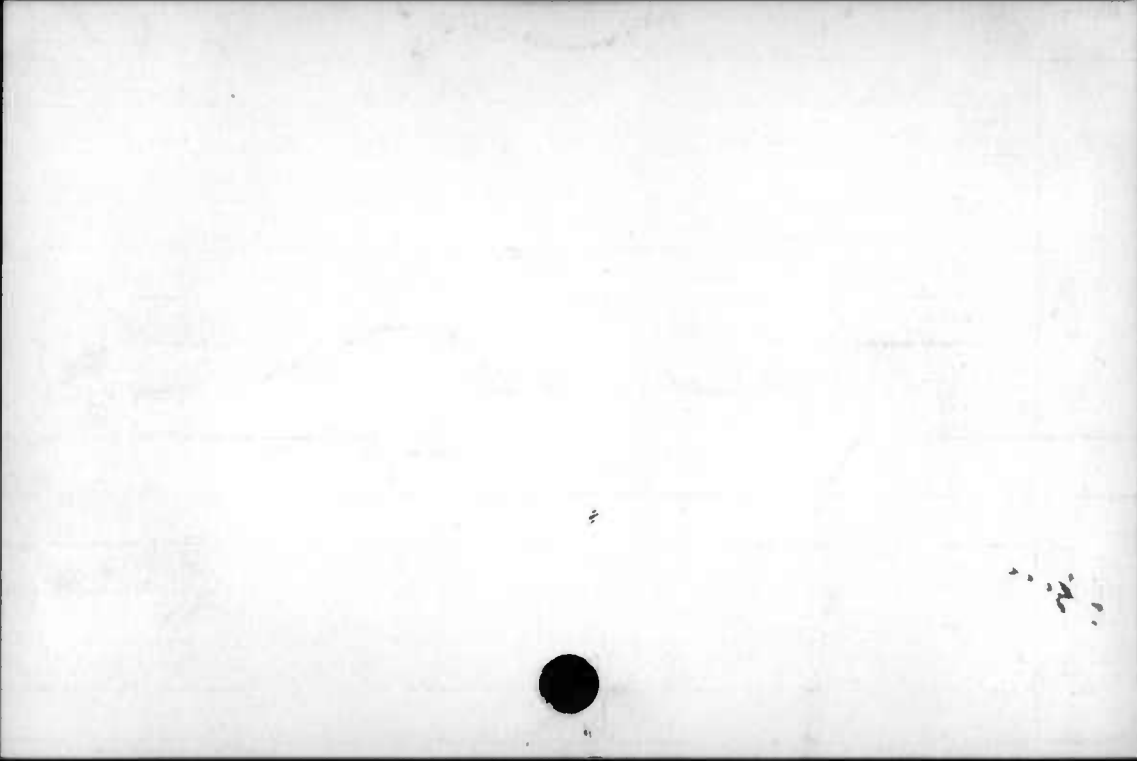
Name in Full <i>James Henry Golden</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Feb</i>		Day <i>19</i>		Age <i>—</i>	
Date of death <i>1908</i>		Months <i>11</i>		Years <i>19</i>		Days <i>19</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Westernport Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Henry Golden</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Flora May Oneal</i>		Mother's Birthplace <i>Cumberland</i>					
Name of person giving information <i>Mrs Roik</i>		How related to deceased <i>aunt</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia, Teeth, Brain abscess</i>	How long <i>10 days -</i>
Immediate <i>exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. H. Barndoll</i>
<i>Stream</i>	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

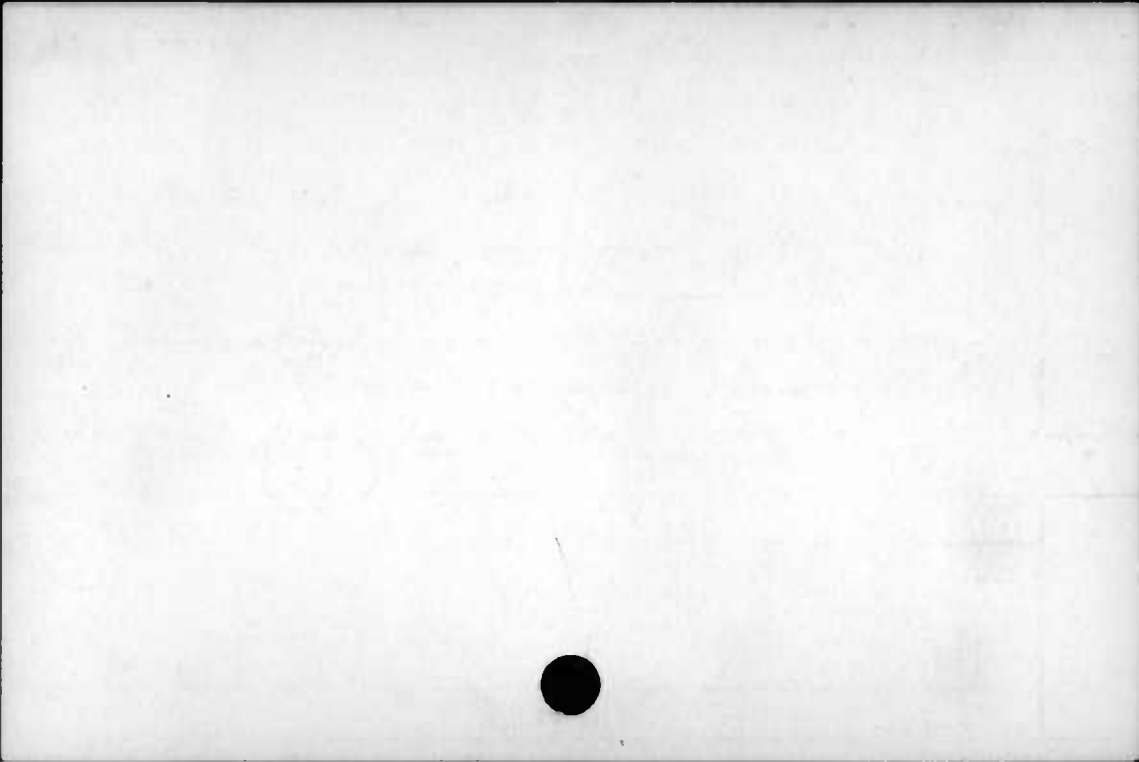
Name *James Graham* Town _____ County *Alle*
Died at *Emma*
Date of death *1908* Month *Feb* Day *24* Age _____ Years _____ Months _____ Days *4*
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *none* Where Residing if not at place of death _____
Married, Single or Widowed *none* Name of Wife or Husband *none*
Father's Name *James Graham* Father's Birthplace *Ind*
Mother's Maiden Name *Fizzie Dareson* Mother's Birthplace *Ind*
Name of person giving information *James Graham* How related to deceased *Father*

CAUSES OF DEATH

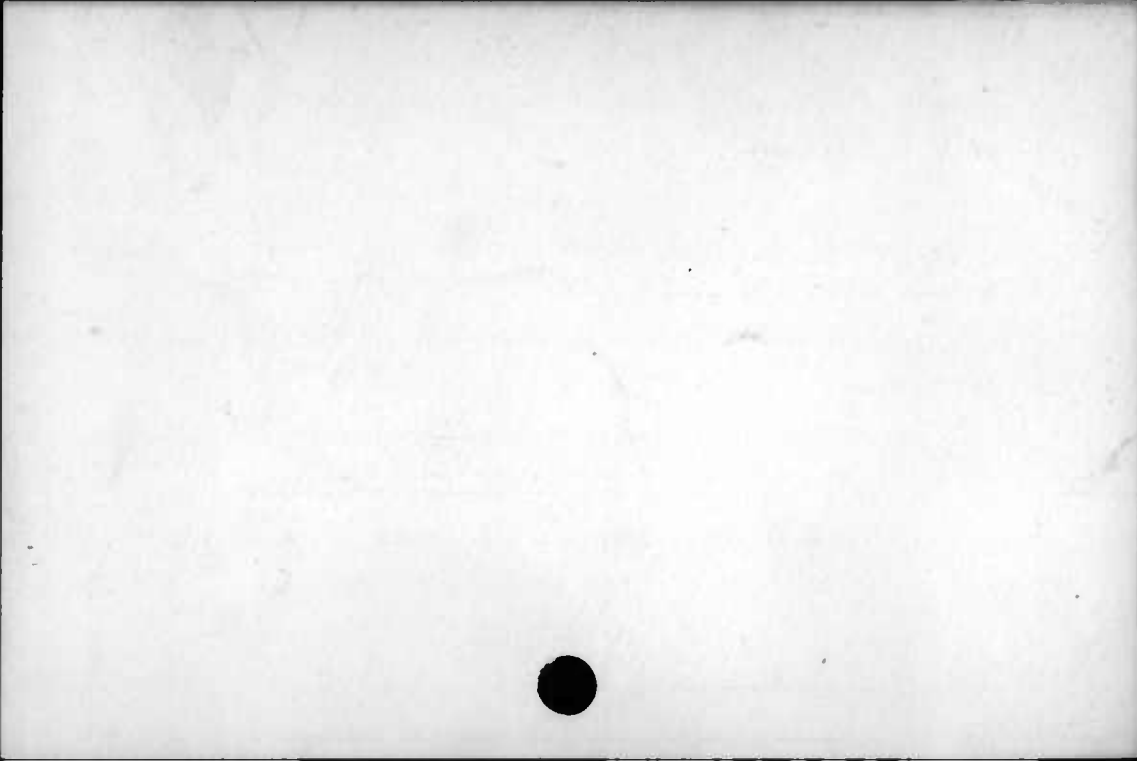
72

PHYSICIAN
OR CORONER

Primary *Tetanus neonatorum* How long *4 days*
Immediate *Exhaustion* How long _____
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Thos. H. Fraw, MD*
Address *Wm. H. Fraw, MD*
Go on
Accident or Suicide? *No*



Name in Full		MARGARET MARIA GROVER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>50 Cumberland</i>		County <i>Allegany</i>		MARYLAND	
		Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>83</i>	Months <i>2</i>	Days <i>16</i>
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
		Occupation <i>None</i>	Where Residing if not at place of death				
		Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>and Philip Groves</i>				
✓	Father's Name <i>Thomas Morgan</i>	Father's Birthplace <i>Waler</i>					
	Mother's Maiden Name <i>Mary Kohn</i>	Mother's Birthplace <i>Md</i>					
	Name of person giving information <i>Mrs Mary Flora</i>	How related to deceased <i>Daughter</i>					
	CAUSES OF DEATH						
	1574						
PHYSICIAN OR CORONER H	Primary <i>Debility of age</i>	How long <i>Several months</i>					
	Immediate <i>Exhaustion</i>	How long <i>3 days</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Broadnuth</i>					
		Address <i>Cumberland Md</i>					
	Accident or Suicide? <i>No.</i>						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Thomas Hager</i>		Town <i>Cum</i>		County <i>Alle</i>		MARYLAND	
Died at							
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>75</i>	Years <i>6</i>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Ind</i>				
Occupation <i>Night watchman</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Hager</i>						
Father's Name <i>Thomas Hager</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Julian Davis</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving In formation <i>Charles D Hager</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary
Cancer of Lungs
Exhaustion

How long
1 year

Immediate
Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

*Yes*Signature of
Physician*Thos. H. Koon*

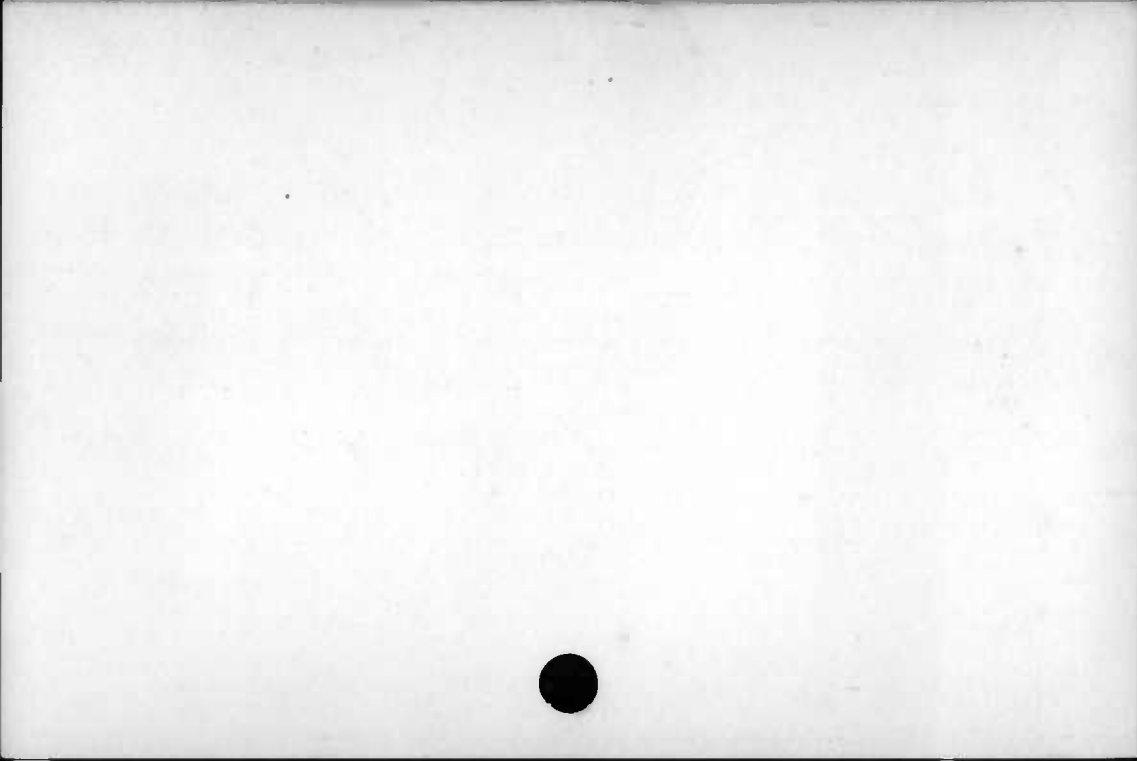
Address

*Franklin
Koon*

Accident or Suicide?

3 Children all grown
Rose Hill Nov 28

Name in Full		MRS Eliza Hill				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frostburg		Allegany		MARYLAND		
	Date of death	1908	Month 2	Day 23	Age 83	Months	Days	
	Sex	Female		Color or Race	White		Birth-place	
	Occupation	House wife		Where Residing if not at place of death				
	Married, Single or Widowed	Widow		Name of Wife or Husband				
	Father's Name	2		Father's Birthplace		England		
	Mother's Maiden Name	2		Mother's Birthplace		England		
Name of person giving information	Harry Hill				How related to deceased		Grandson	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(64)</div>								
PHYSICIAN OR CORONER	Primary	Levility				How long		→
	Immediate	Apoplexy				How long		5 days
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician		Mr. Price
						Address		Frostburg, Md.
<div style="text-align: center;">Accident or Suicide?</div>								



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

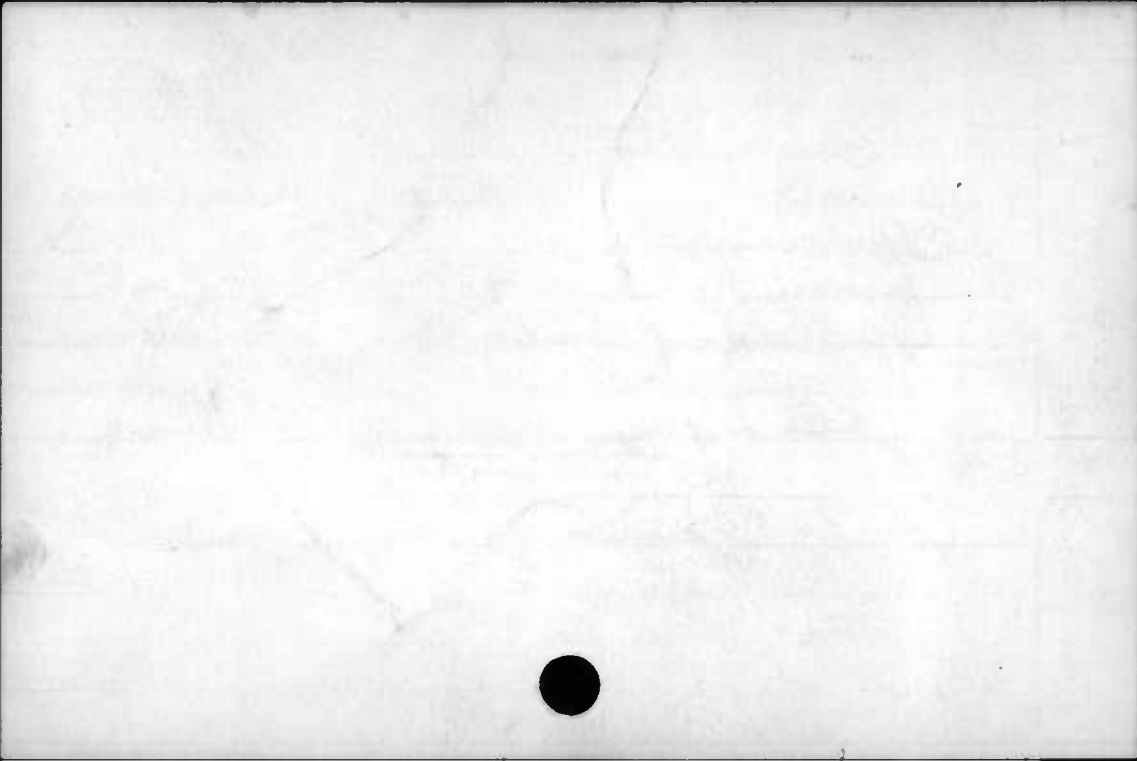
Died at <i>Emmald</i>		County <i>Allegh</i>		MARYLAND	
Date of death	1908	Month	Feb	Day	14
Age	67	Years	6	Months	13
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Laborer		Where Residing if not at place of death <i>Green St</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Ellen Hammersmith</i>		
Father's Name	<i>Wolf Hammersmith</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Cathrine Foster</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Ellen Hammersmith</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>14 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. A. Brown</i>
		Address	<i>5000 Cumberland Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

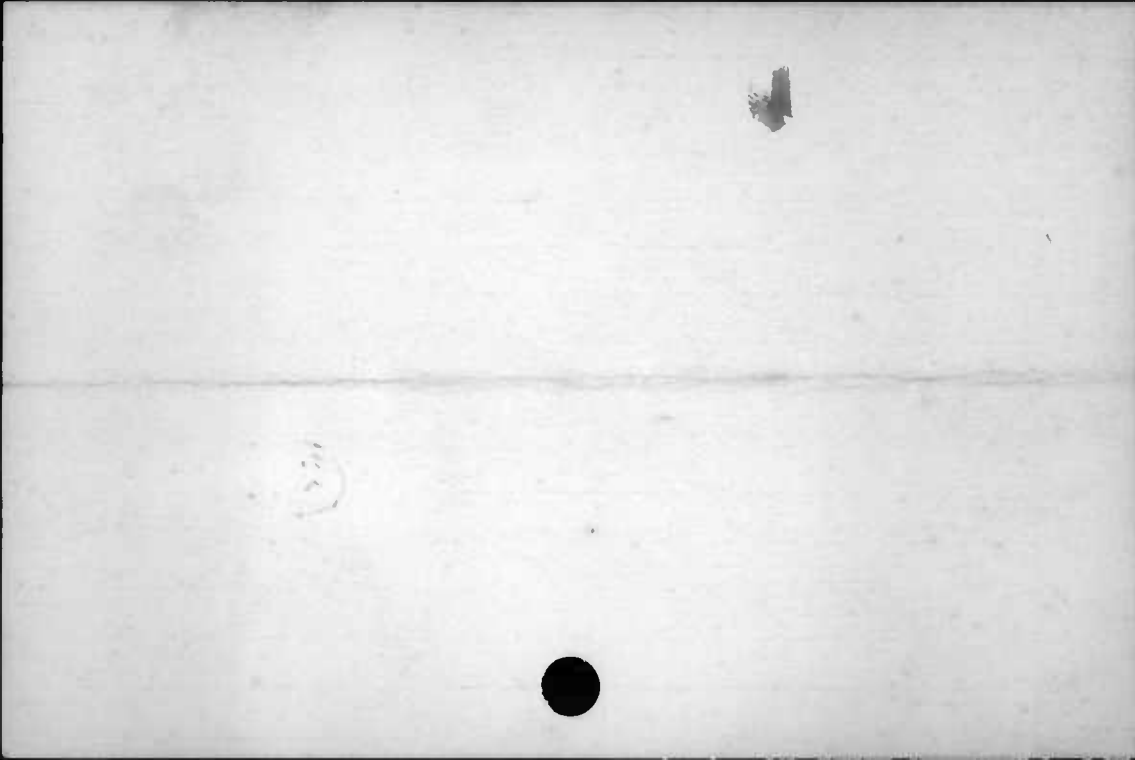
Died at <i>Firstburg</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Feb.</i>	Day	<i>12</i>
Age	<i>80</i>	Years	<i>80</i>	Months	<i>9</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Firstburg, Pa.</i>
Occupation	<i>Housewife</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Wm. H. Hohlitz</i>			
Father's Name	<i>Samuel Hohlitz</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving information	<i>Samuel Hohlitz</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Arterial hemorrhage and</i>	How long	<i>1 year + 8 mos</i>
Immediate	<i>Thyroid</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. C. Colver</i>	
		Address	
		<i>Firstburg, Pa.</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

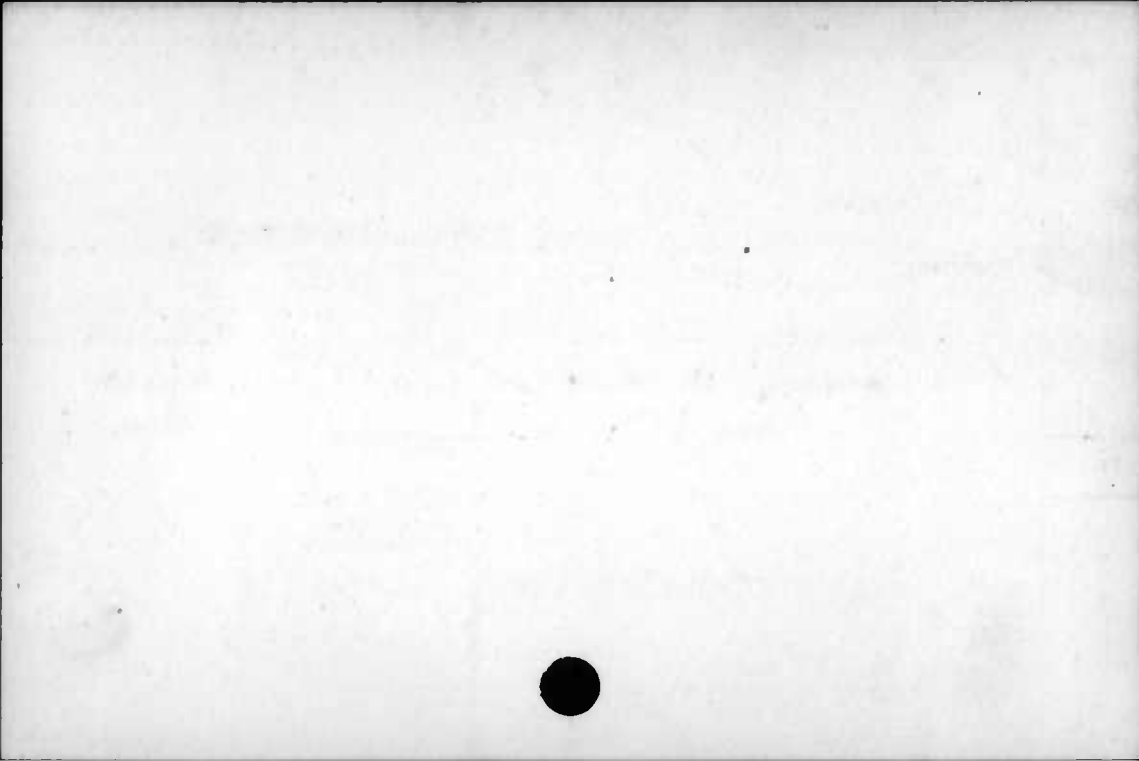
Died at <i>Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND						
Date of death	1908	Month	Feb.	Day	14	Age	1	Years	11	Months	11	Days
Sex	Female		Color or Race	White		Birth-place	Cumb'd Md.					
Occupation	Infant		Where Residing if not at place of death									
Married, Single or Widowed	Single		Name of Wife or Husband									
Father's Name	Franklin Otto						Father's Birthplace	Maryland				
Mother's Maiden Name	Lena Howers						Mother's Birthplace	W. Va.				
Name of person giving information	Lena Howers						How related to deceased	Mother				

CAUSES OF DEATH

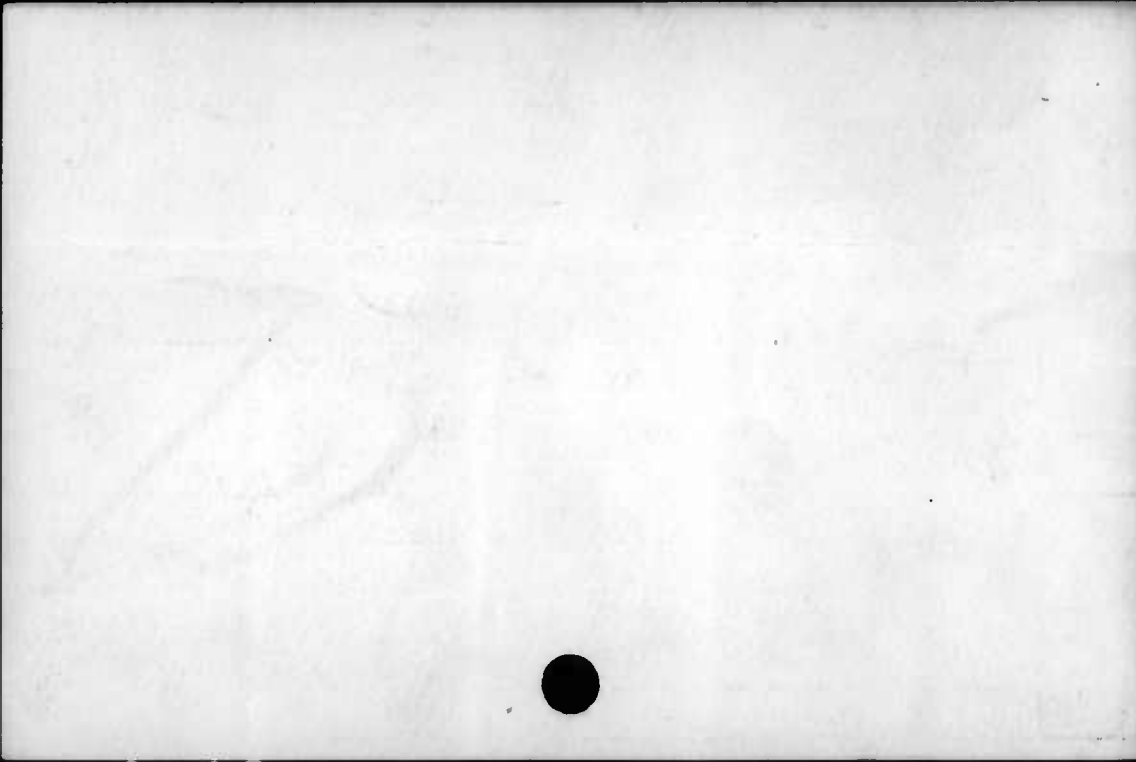
92

PHYSICIAN
OR CORONER

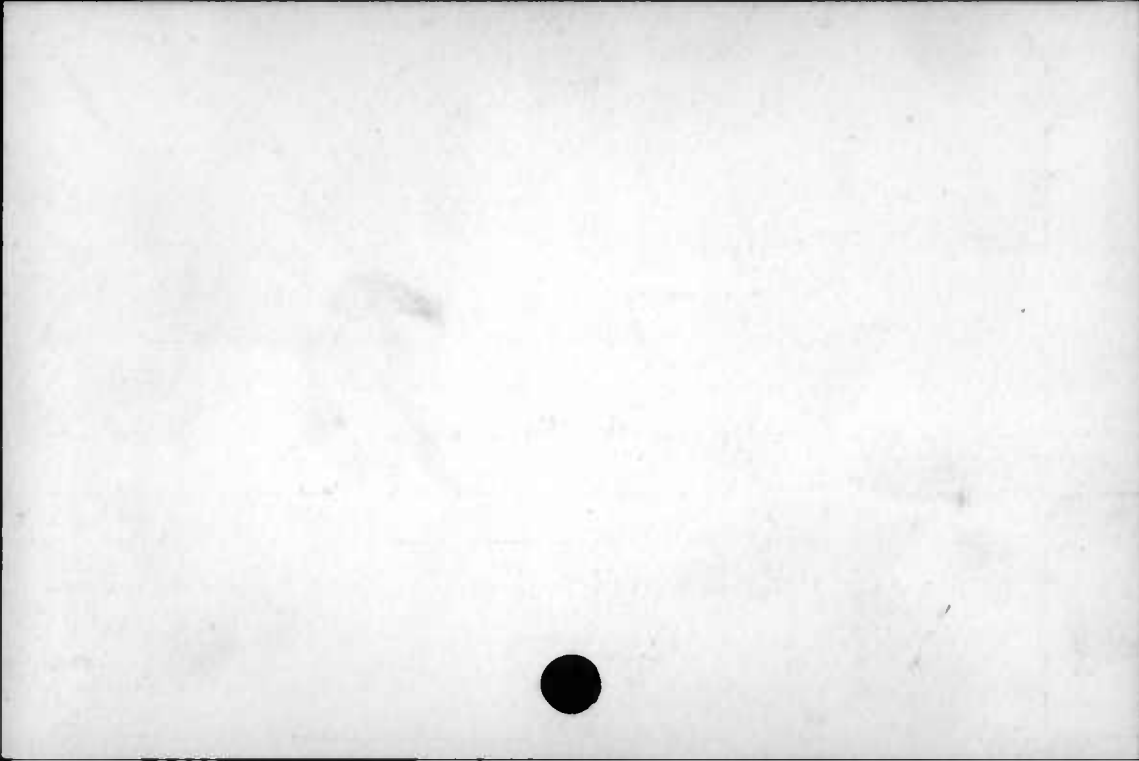
Primary	<i>Broncho-pneumonia</i>	How long	<i>9 days.</i>
Immediate	<i>Asphyxia</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>William R. Gaudin</i>		
Address	<i>116 Virginia Ave Cumberland Md.</i>		
Accident or Suicide?			



Name in Full		Thomas Jack,				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cumtland Md</i>		County <i>Allegheny</i>		MARYLAND		
		Date <i>Feb</i> of death <i>1908</i>	Month <i>Feb</i>	Day <i>26</i>	Age <i>46</i>	Years	Months	Days
		Sex <i>M</i>		Color or Race <i>W</i>		Birth-place <i>Loncoring Md</i>		
		Occupation <i>Miner</i>		Where Residing if not at place of death <i>Water St Brothring</i>				
		Married, Single or Widowed		Name of Wife or Husband <i>Miss Brode</i>				
PHYSICIAN OR CORONER		Father's Name <i>Samuel Jack</i>		Father's Birthplace <i>Ireland</i>				
		Mother's Maiden Name <i>Mary Mahan</i>		Mother's Birthplace <i>" "</i>				
		Name of person giving information <i>Robert Jack</i>		How related to deceased <i>Bro.</i>				
		CAUSES OF DEATH		92				
Primary <i>Doubtful Broncho Pneumonia</i>		How long <i>3 weeks</i>						
Immediate <i>Bleeding Rgt Lung</i>		How long <i>Drilling Fracture 3 days</i>						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. H. Hartman</i>		Address <i>Cumtland Md</i>				
Accident or Suicide?								



Name in Full		Clara Jackson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town	Alleg	County	
	Date of death		1908	Month	Feb.
			Day	13	Years
			Age	26	Months
					Days
	Sex	Female	Color or Race	White	Birth place
	Occupation	Housewife	Where Residing if not at place of death		
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Married	Name of Wife or Husband	Owen Jackson	
	Father's Name	Joseph Hartman	Father's Birthplace	Germany	
	Mother's Maiden Name	Caroline Rosenbaum	Mother's Birthplace	N.Y.	
	Name of person giving information	Owen Jackson	How related to deceased	Husband	
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	Overburdened	How long	1 Week	
	Immediate	Exhaustion	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address		
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town} <i>Alleg.</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb.</i>	Day <i>19</i>	Age <i>—</i> Years <i>—</i> Months <i>1</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cumberland</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Owen S Jackson</i>	Father's Birthplace <i>Frostburg</i>		
Mother's Maiden Name <i>Anna C Hartman</i>	Mother's Birthplace <i>Cummd</i>		
Name of person giving information <i>Owen S Jackson</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>1 mo</i>
Immediate <i>Spasms</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Brace M D</i>
<i>H. H. H.</i>	Address <i>Cummd</i>
Accident or Suicide? <i>no</i>	<i>Roon. Md</i>



112

Name
in
Full

Bernard Keating

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonaconing</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	<u>2</u> ^{Month}	<u>1</u> ^{Day}	<u>75</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ireland</u> <u>Armagh</u>
Occupation	<u>Miner</u>		Where Residing if not at place of death <u>Lonaconing</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Margaret Keating</u>		
Father's Name	<u>Hugh Keating</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Betsy Keating</u>			Mother's Birthplace	<u>Ireland</u>
Name of person giving information	<u>Mrs Margaret Keating</u>			How related to deceased	<u>Wife</u>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Endocarditis</u>	How long	<u>Two yrs</u>
Immediate	<u>Apoplexy</u>	How long	<u>Suddenly</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. B. Skilling M.D.</u>
		Address	<u>Lonaconing</u>
Accident or Suicide?	<u>No</u>		

Nov 17 1967

17



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

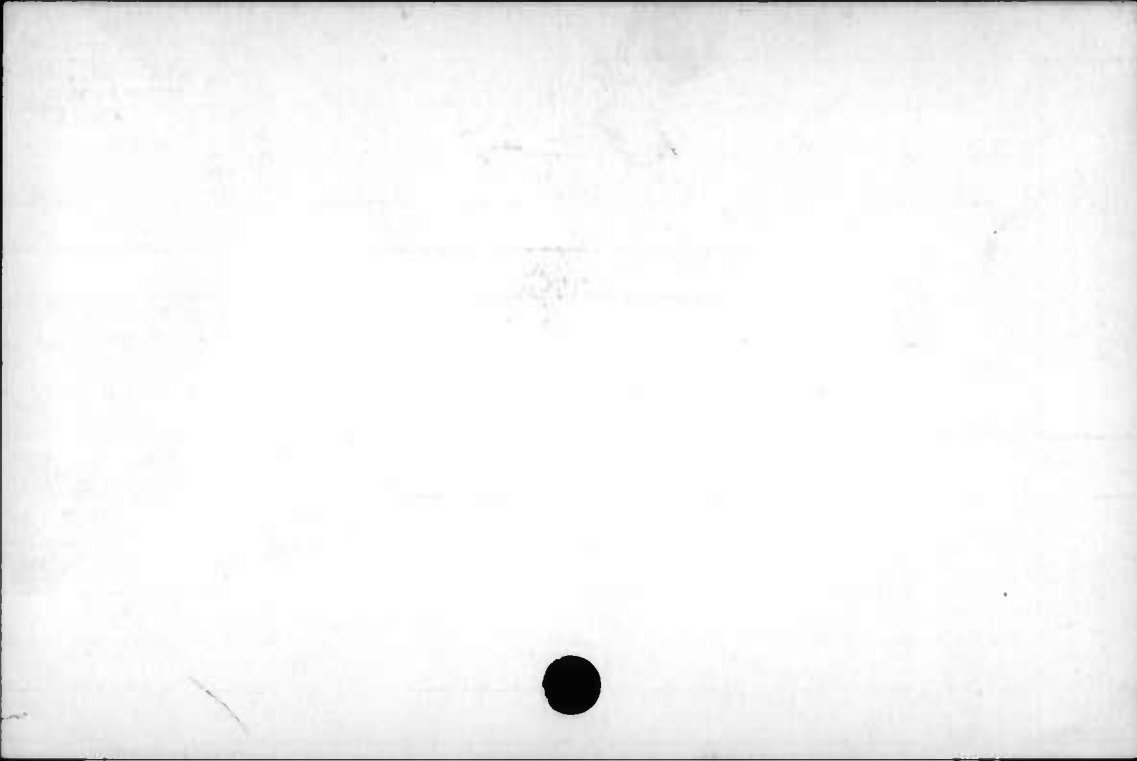
Died at <i>Cumt</i> Town		County		MARYLAND	
Date of death <i>1908</i> Month <i>2</i> Day <i>1</i> Age <i>27</i> Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Piedmont</i>	
Occupation <i>Machinist</i>		Where Residing if not at place of death <i>Cumberland</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>no</i>			
Father's Name <i>Sylvester Knight</i>		Father's Birthplace <i>St. Louis</i>			
Mother's Maiden Name <i>Sara Elliott</i>		Mother's Birthplace <i>Bloomington</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 3 yrs.</i>
Immediate <i>Cardiac dilation</i>	How long <i>about 3 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward Harris</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midway</i> Town <i>Leffley</i> County <i>Allegany</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>18</i>	Age <i>6</i> Years <i>0</i> Months <i>0</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Midway</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Adam G. Leffley</i>		Father's Birthplace <i>Pa</i>	
Mother's Maiden Name <i>Andie Murray</i>		Mother's Birthplace <i>Pa</i>	
Name of person giving information <i>Adam G. Leffley</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Birth 7 m</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Alan G. Murray M.D.</i>
	Address <i>Midway</i>
Accident or Suicide?	<i>—</i>



Name
in
Full

CERTIFICATE OF DEATH

Jessie D. Lewis

TO BE ANSWERED BY
NEAREST FRIEND

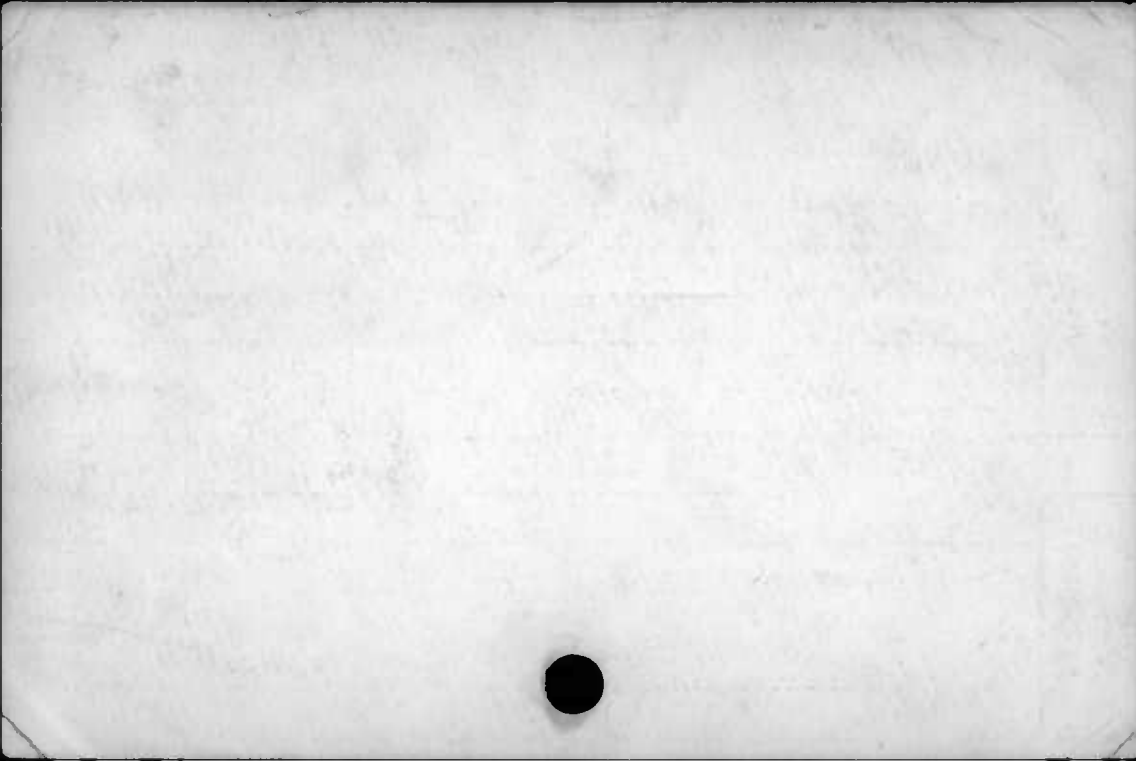
Died at <i>Cumberland</i>		County <i>Cecceguny</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>13</i>	Age <i>75</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>St. Clairsville, O.</i>		
Occupation <i>Insurance Agent</i>	Where Residing if not at place of death <i>Cumberland</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Rezin Lewis</i>	Father's Birthplace <i>Pa</i>		Mother's Birthplace <i>N. Y.</i>		
Mother's Maiden Name <i>Elizabeth Pennington</i>	How related to deceased <i>Nephew</i>				
Name of person giving information <i>Jessie Orrick</i>					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Meperitis.</i>	How long <i>Two Weeks</i>
Immediate <i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. B. McDonald</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

Wm H Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

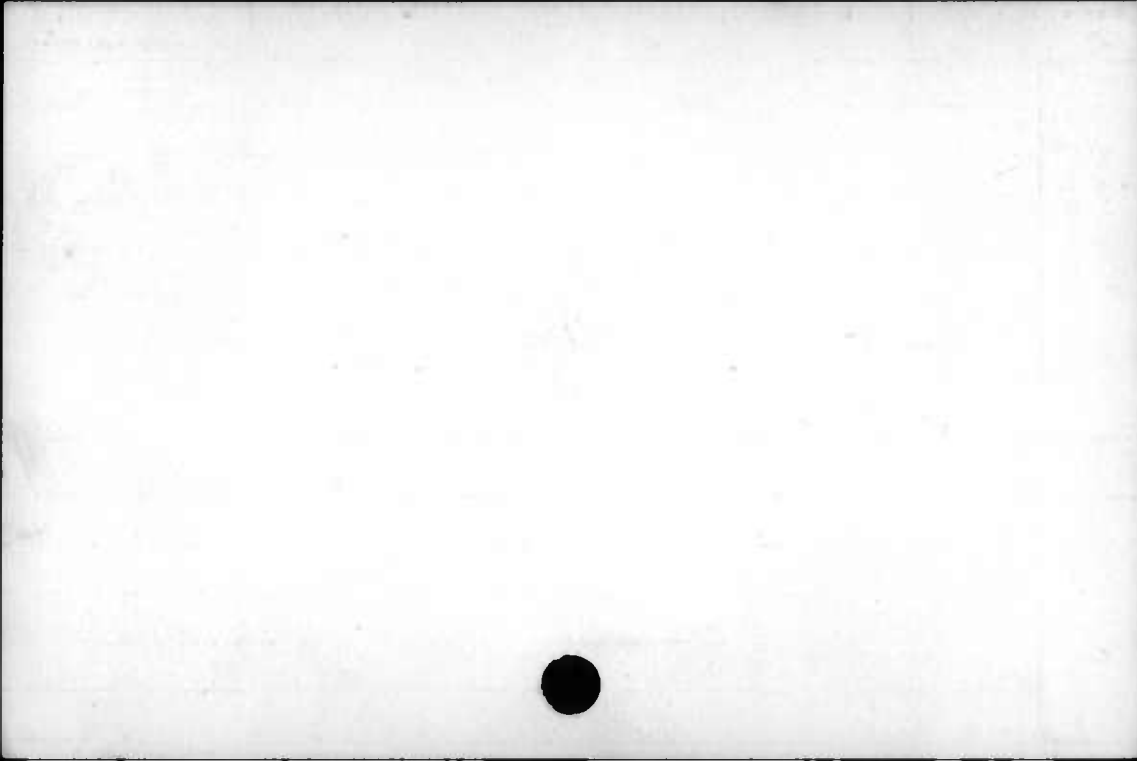
Died at <i>Alms House</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> ^{Month}	<i>15</i> ^{Day}	<i>69</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Clearspring Md</i>		
Occupation <i>Black Smith</i>			Where Residing if not at place of death <i>Maryland ave</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Caroline Wagner</i>				
Father's Name <i>Dr James Beatty</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Caroline Wagner</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>May Long</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Gangrene</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Twigg</i>
<i>Steen</i>	Address <i>Chumbelant, Md</i>
Accident or Suicide?	



Name
in
Full

James Love Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

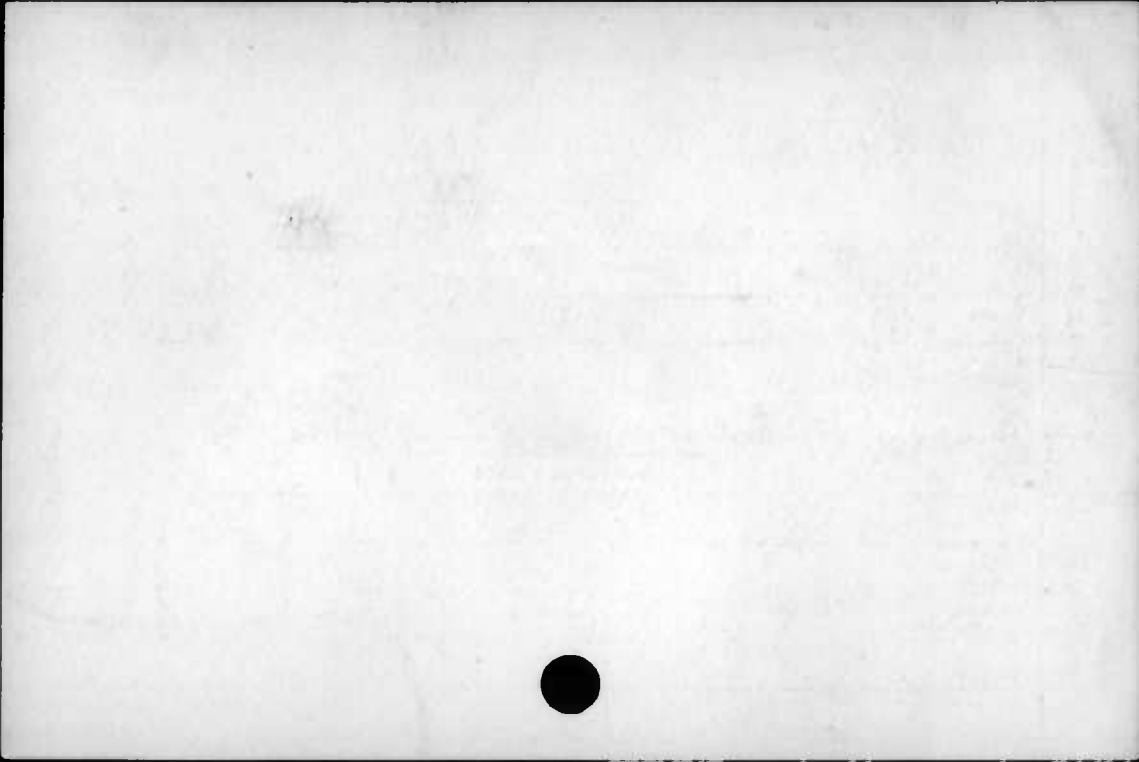
Died at <u>Lonaconing</u> Town			<u>Allegheny</u> County			MARYLAND							
Date of death		1908	Month	Feb	Day	14	Age	76	Years	Months	4	Days	6
Sex		Male		Color or Race		White		Birth-place		Scotland			
Occupation						Where Residing if not at place of death							
Retired Merchant													
Married, Single or Widowed		Married		Name of Wife or Husband		Margaret Turnbull							
Father's Name		James Love					Father's Birthplace		Scotland				
Mother's Maiden Name		Margaret Pearson					Mother's Birthplace		Scotland				
Name of person giving information		Mrs James Love					How related to deceased		Wife				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Old age</u>	How long	
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<u>Henry M. Hodges</u>	
Address		<u>Lonaconing</u> <u>Ind.</u>	
Accident or Suicide?		No.	



Name
in
Full

Wm. Trezize Love

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

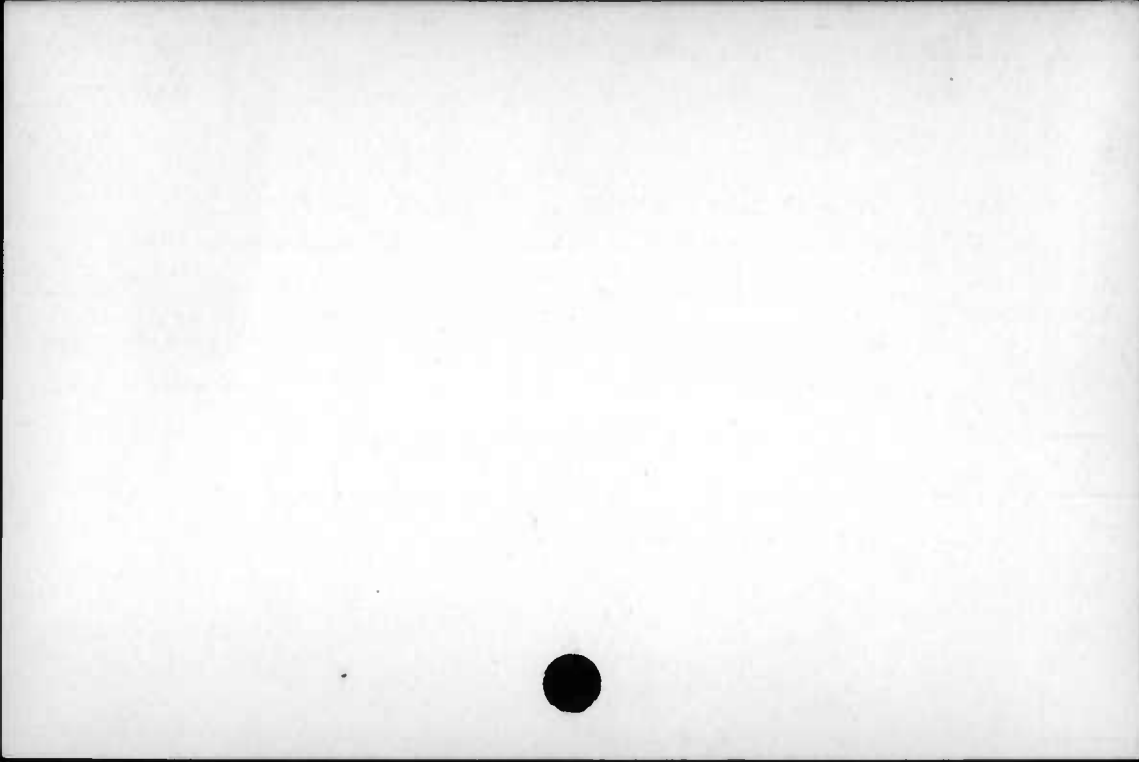
Died at <u>Lonaconing</u> ^{town}		County <u>allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>9</u>	Age <u>1</u> ^{years}	Months <u>6</u>	Days <u>12</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Lonaconing</u>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>William Love</u>		Father's Birthplace <u>Lonaconing</u>			
Mother's Maiden Name <u>Lillian Mary Trezize</u>		Mother's Birthplace <u>Kentucky</u>			
Name of person giving information <u>Wm. Love</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 weeks -</u>
Immediate <u>Asthma</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry M. Hodgson</u>
	Address <u>Lonaconing, Ind</u>
Accident or Suicide? <u>No.</u>	



Name
in
Full

George W. Bachen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt'd " R. Hospital</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>6</i>	Age <i>45</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>				
Occupation <i>R R Engineer</i>	Where Residing if not at place of death <i>Saxton Pa</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Kelly.</i>						
Father's Name <i>Stephan W. Bachen</i>	Father's Birthplace <i>Pa</i>						
Mother's Maiden Name <i>Julian Heffner</i>	Mother's Birthplace <i>Pa</i>						
Name of person giving information <i>J. M. Sipe</i>	How related to deceased <i>none</i>						

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Crushed Skull</i>	How long <i>Ignited 10 AM.</i>
Immediate <i>"</i>	How long <i>Dead 830 PM</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Geo R. Baird</i>
Address <i>Stearns</i>	Address <i>Cumberland Maryland</i>
Accident or Suicide <i>Accident</i>	

Ant

PHYSICIAN
OR CORONER

Mrs. Hugh McQuire

CERTIFICATE OF DEATH

Died at <i>Grassburg</i>		Town <i>Grassburg</i>		County <i>Agghey</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>90</i>	Years	Months <i>5</i>	Days	
Sex <i>71</i>	Color or Race <i>W</i>		Birth-place <i>Ireland</i>				
Occupation <i>Housework</i>			Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Hugh Mc Lennix</i>					
Father's Name <i>John Foston</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary McCue</i>				Mother's Birthplace <i>CC</i>			
Name of person giving information <i>Miss E. L. McCue</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

154

Primary	<i>Scrub. Poraciz</i>	How long	<i>7 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. J. J.</i>
		Address	<i>Franklin St.</i>
Accident or Suicide?			

St. Michaels Lane
Town.

J. Hafer

Name
in
Full

Ellen McKenna

CERTIFICATE OF DEATH

Died

Chimberland

County

Allegheny

MARYLAND

Date

of death 1908

Month

2

Day

11

Age

88

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

House Wife

Where Residing if not
at place of death

Chimberland Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Kelley

Father's
Name

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

" " "

Name of person giving
information

Robt. Birmingham

How related
to deceased

Niece

CAUSES OF DEATH

154

Primary

Senile dementia

How long

same time

Immediate

General exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

M. W. Wiley
Chimberland Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St Patricks =

Dr. H. H. H. -

Name
in
Full

Rose Ann Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

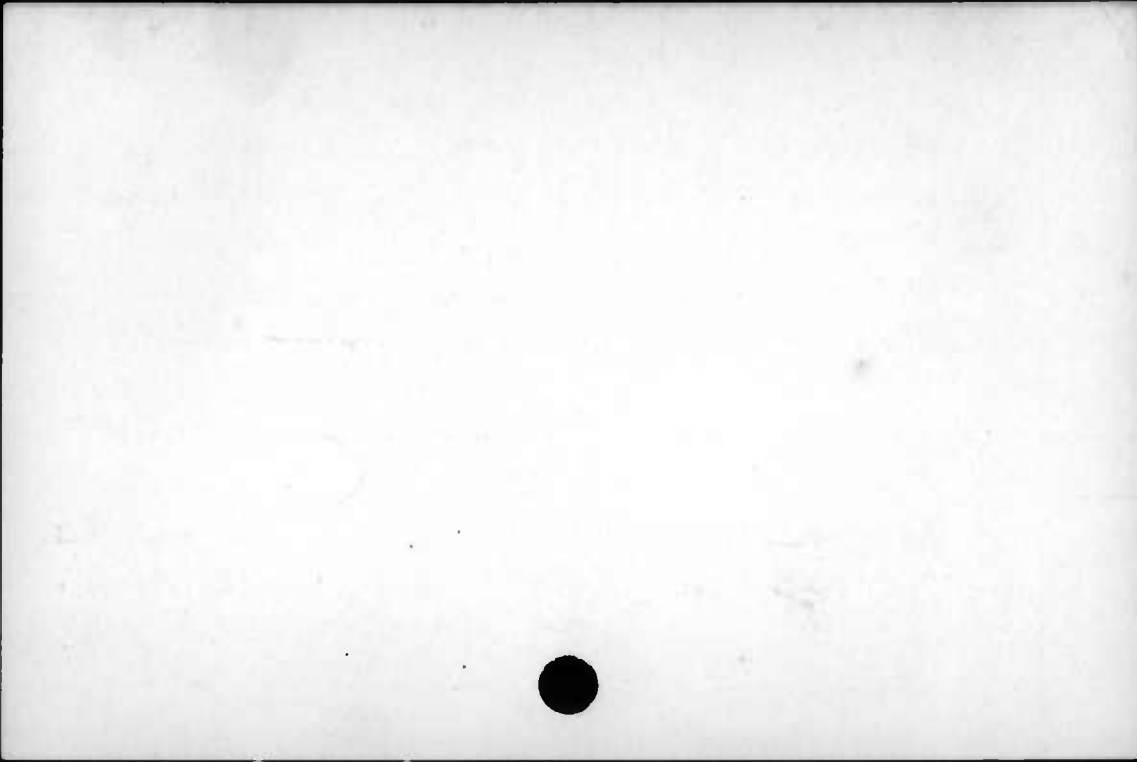
Died at <i>Pekin</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>8</i>	Age <i>24</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pekin</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Martin</i>				
Father's Name <i>John Mullen</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Catherine Horne</i>	Name of person giving information <i>William Martin</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary <i>Acute Junction Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>Dysentery - Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Mary Annis Mahrus.

CERTIFICATE OF DEATH

Town

County

Died at Ellerslie.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

Feb

24

Age

—

6

—

Sex

Female

Color or
Race

White

Birth-
place

Ellerslie

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Charles E Mahrus.

Father's
Birthplace

Beaufort Co Pa

Mother's
Maiden Name

Elizabeth May Black

Mother's
Birthplace

" " Pa

Name of person giving
In formation

Charles E Mahrus.

How related
to deceased

Father

CAUSES OF DEATH

8

Primary

Whooping Cough

How long

2 weeks

Immediate

Pneumonia

How long

5 days.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Carl Smith

Ellerslie

Ind

Accident or Suicide?

Cark Mills.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James E Moore

Town

County

MARYLAND

Died at *Cum*

Date of death 1908

Month Feb

Day 5

Age

Years 1

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

161 Grand ave

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Edward Moore

Father's
Birthplace

West Va

Mother's
Maiden Name

Anna Blumming

Mother's
Birthplace

Md

Name of person giving
In formation

Mrs Anna Moore

How related
to deceased

Mother

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 days

Immediate

Oedema of lungs

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Edward Harris
Cumberland
Md.

Accident or Suicide?



Name
in
Full

Pettor Morgan

CERTIFICATE OF DEATH

Died at ^{Town} Cumberland ^{County} Allegheny

MARYLAND

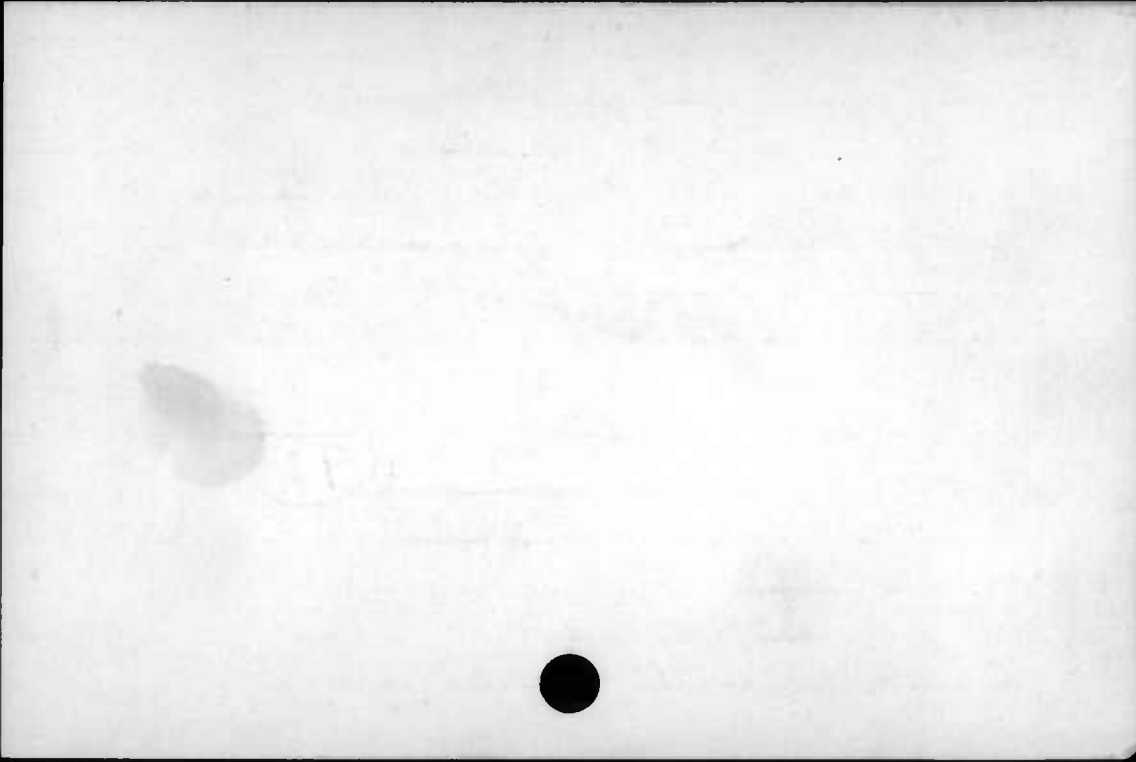
Date of death 1908 ^{Month} 2 ^{Day} 16 ^{Age} 70 ^{Months} ^{Days} Sex male Color or Race White Birthplace Bedford Co PaOccupation Carpenter Where Residing if not at place of death CumberlandMarried, Single or Widowed married Name of Wife or Husband MaudaFather's Name John C. Morgan Father's Birthplace Bedford PaMother's Maiden Name Elizabeth Beebe Mother's Birthplace " "Name of person giving information John Morgan How related to deceased Son

CAUSES OF DEATH

93

Primary PneumoniaImmediate Result of a boreAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician Geo. W. Leander
Address Cumberland MdAccident or Suicide? NeitherTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

Charles Robert Mudge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at *T. Cumberland* *Alleghany*
 Date of death *1908* Month *Feb* Day *4* Years *32* Months *4* Days *-*
 Sex *Male* Color or Race *White* Birth-place *Cumtola*
 Occupation *B/O Baller.* Where Residing if not at place of death *oak st*
 Married, Single or Widowed *Single* Name of Wife or Husband *-*
 Father's Name *Wm R Mudge* Father's Birthplace *England*
 Mother's Maiden Name *Sottlieben Zeigler* Mother's Birthplace *Germany*
 Name of person giving information *George Mudge* How related to deceased *Brother*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Struck by engine
 Primary *Rail Road accident*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

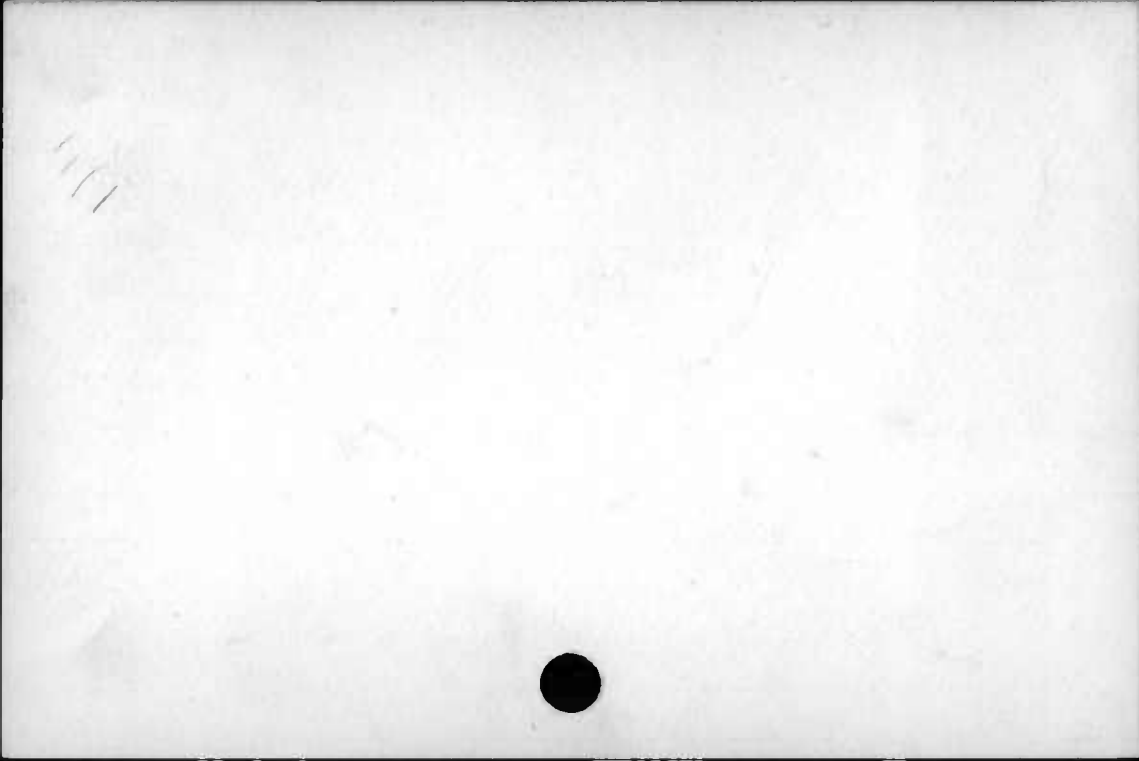
yes

Signature of Physician

Address

J. H. Maiz, Coroner
Cumberland
MD

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mosses Mills		Lewis Myers Jr.		County		MARYLAND	
Died at		Month		Day		Years	
Date of death 190		8 February		16		Age 20	
Sex		male		Color or Race		White	
Married, Single or Widowed		Single		Occupation		Miner	
Name of Wife or Husband				Father's Birthplace		Barton	
Father's Name		Lewis Myers		Mother's Birthplace		Eckhardt	
Mother's Maiden Name		Eveline Connor		How related to deceased		Uncle	
Name of person giving information		Chas. Connor					

PHYSICIAN
OR CORONER

Killed by Electric bar.

CAUSES OF DEATH

166

Primary
accidental
on track -
Immediate

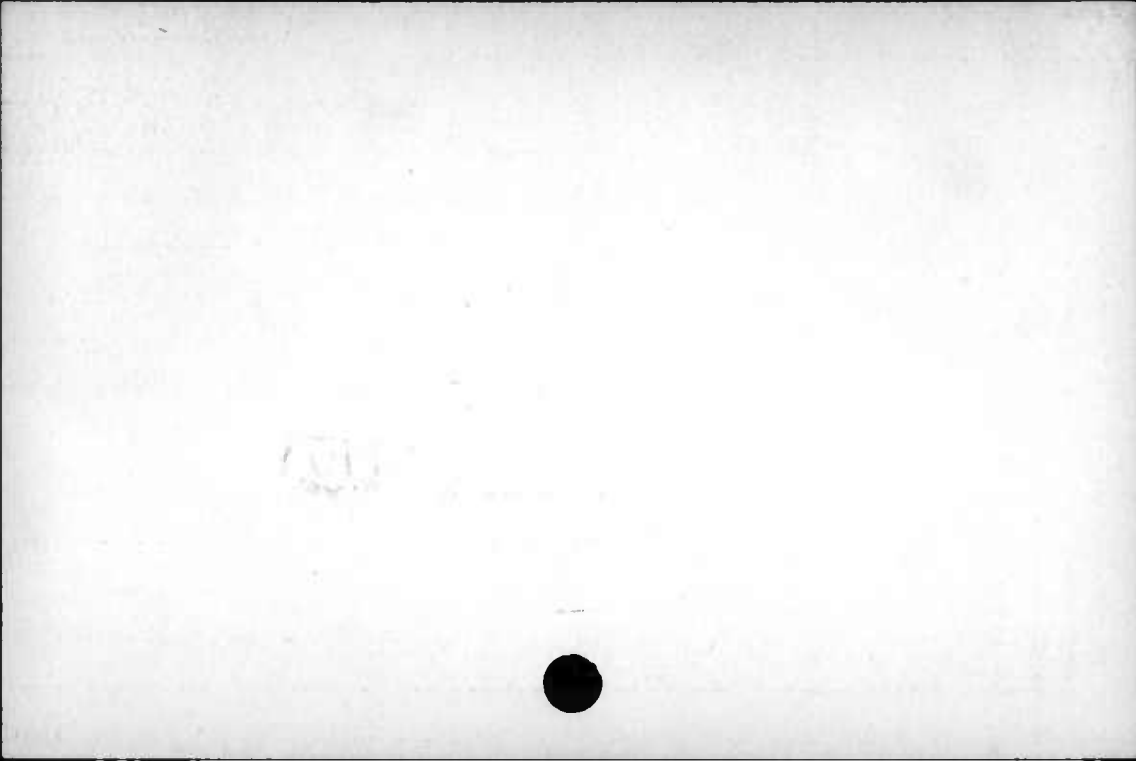
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J H Martz Coroner
Cumberland
Md

Accident or Suicide? 2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

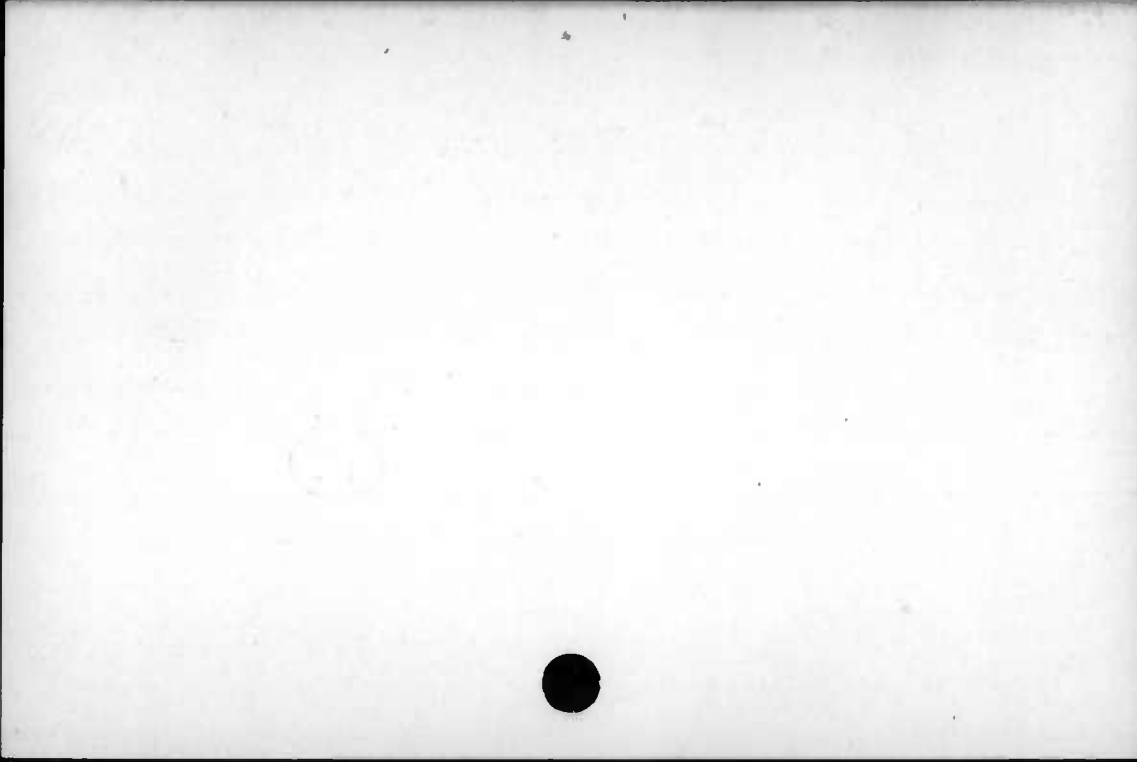
Name in Full <i>Harriet Villetter Highgate</i>		Town <i>Sonoma</i>		County <i>Calaveras</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>7th</i>		Day <i>8</i>	
Age <i>62</i>		Years <i>7</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Samuel Highgate</i> <i>(deceased)</i>					
Father's Name <i>Edward Woodward</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Ms. Walker</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Asthma & La Grippe</i>	How long	<i>Several weeks</i>
Immediate	<i>Suppression of Urine, Uremia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Henry M. Holston</i>
		Address	<i>Sonoma</i>
			<i>Mo. J.</i>
Accident or Suicide?			



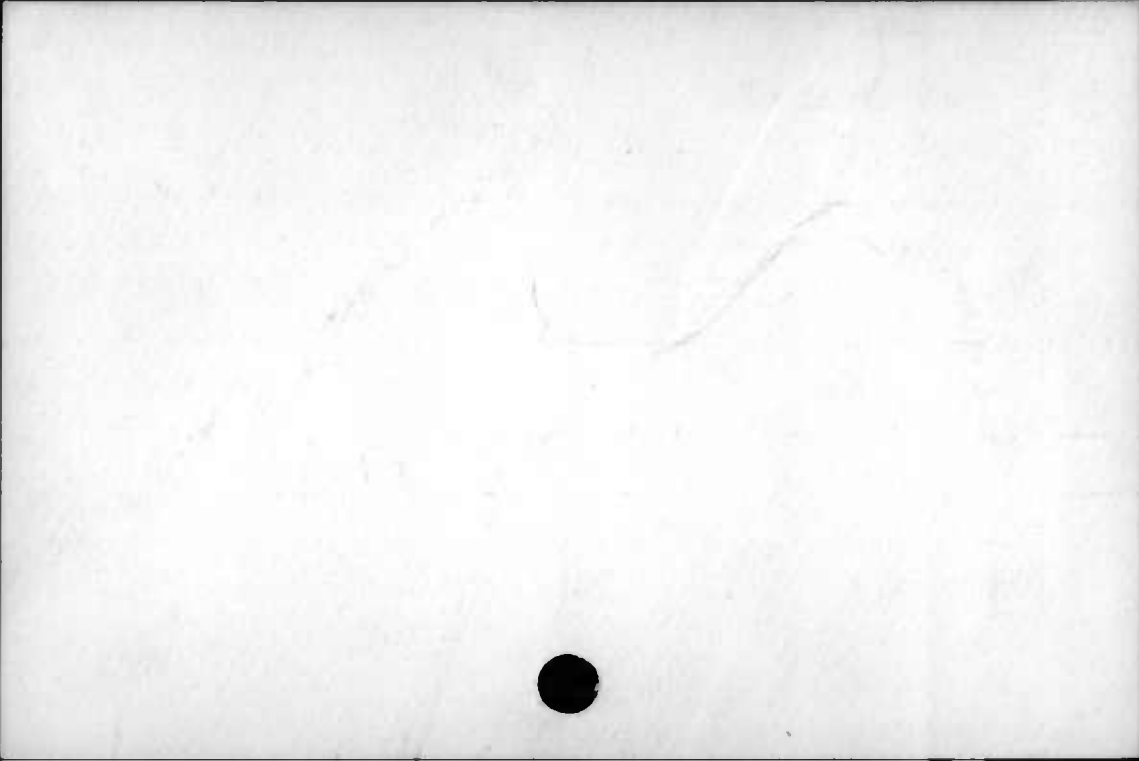
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jervis Parker</i>		Town <i>Cum</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Cum</i>		Month <i>Feb</i>		Day <i>4</i>		Years <i>90</i>	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>4</i>		Age <i>90</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Va</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Bedford road</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Caroline Parker</i>					
Father's Name <i>don't know</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving information <i>Luig Bailey</i>		How related to deceased <i>Daughter</i>					
CAUSES OF DEATH							
Primary <i>Gravel, Struck by + old age</i>						How long <i>125</i>	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. H. Mark Warner</i>			
<i>Steen</i>				Address <i>Cincinnati</i>			
Accident or Suicide?				<i>Mid</i>			

PHYSICIAN
OR CORONER



Name
in
Full

Cathrine Paulus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>19</i>	Age <i>81</i>	Years <i>2</i>	Months <i>19</i>	Days			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Germany</i>						
Occupation <i>House Keeper</i>			Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Paulus</i>							
Father's Name <i>Peter Kerber</i>		Father's Birthplace <i>Germany</i>							
Mother's Maiden Name <i>Anna Noll</i>		Mother's Birthplace <i>Germany</i>							
Name of person giving information <i>Ms Anna Ebbert</i>		How related to deceased <i>Daughter</i>							

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmities of old age</i>	How long <i>-</i>
Immediate <i>Cancer</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Correct</i>	Signature of Physician <i>N. W. Miller</i>
<i>Accident or Suicide?</i>	Address <i>Cumtbrland Md</i>

1848.
Mrs. Anna Elliot
John Fournier
Mary Butler
of Minnesota

15 needles.

Canary.

Name
in
Full

Wilbert Paul Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ellerslie* ^{Town} *acungay* ^{County} **MARYLAND**

Date of death **190** ^{Month} *July* ^{Day} *20* ^{Years} *1* ^{Months} *-* ^{Days} *10*

Sex *male* Color or Race *White* Birth-place *Ellerslie*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Harry Robert Porter* Father's Birthplace *Pa.*

Mother's Maiden Name *Lydia Lowery* Mother's Birthplace *Pa.*

Name of person giving information *Norman Porter* How related to deceased *Son of father*

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary *Whooping Cough* How long *4 mos*

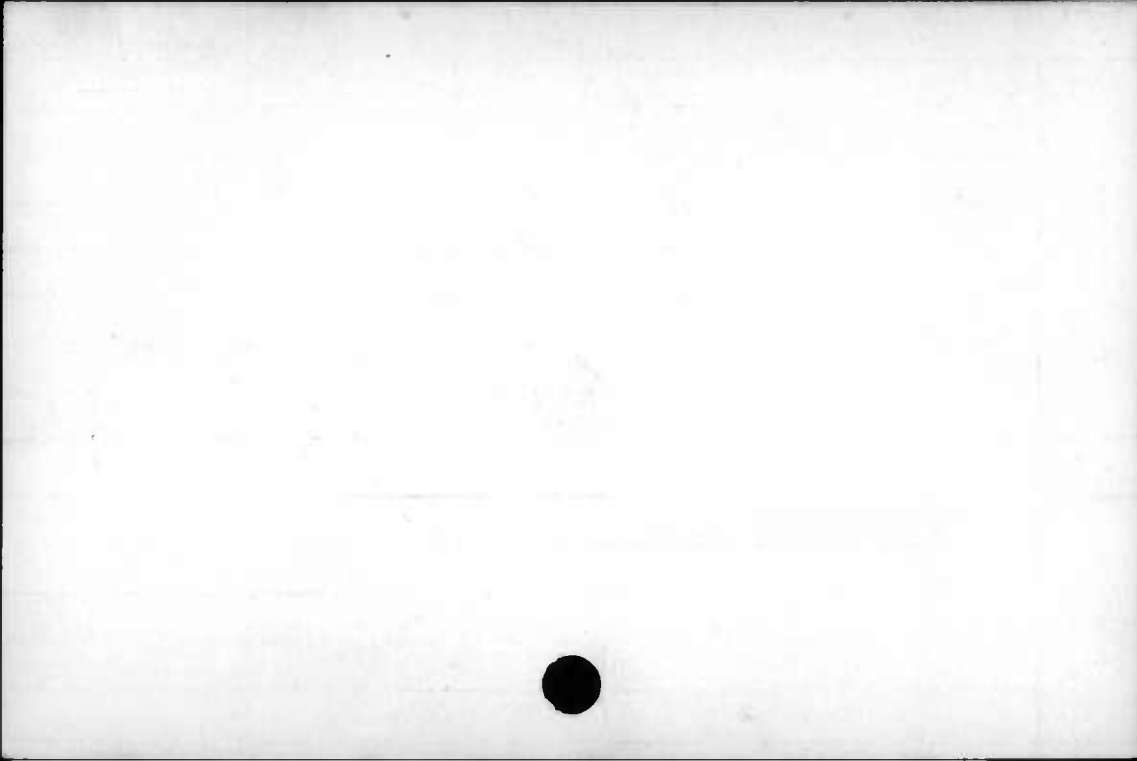
Immediate *Measles* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Earl Sprick*

Address *Ellerslie*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

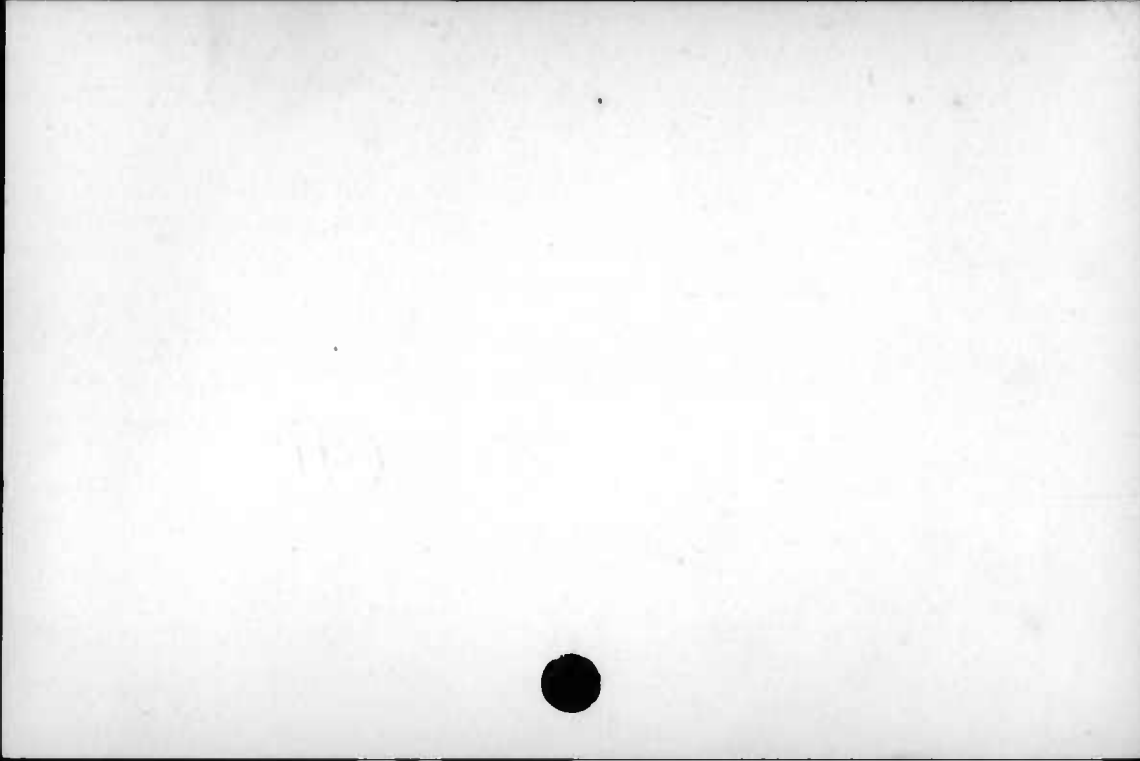
Name in Full <i>James Price</i>		Town <i>Gilmore</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Gilmore</i>							
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>3</i>	Age <i>73</i>	Years <i>3</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Occupation <i>Miner - Merchant - Retired</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Ellen Carr</i>					
Father's Name <i>William Price</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Margaret Boyd</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mary M. Millan</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

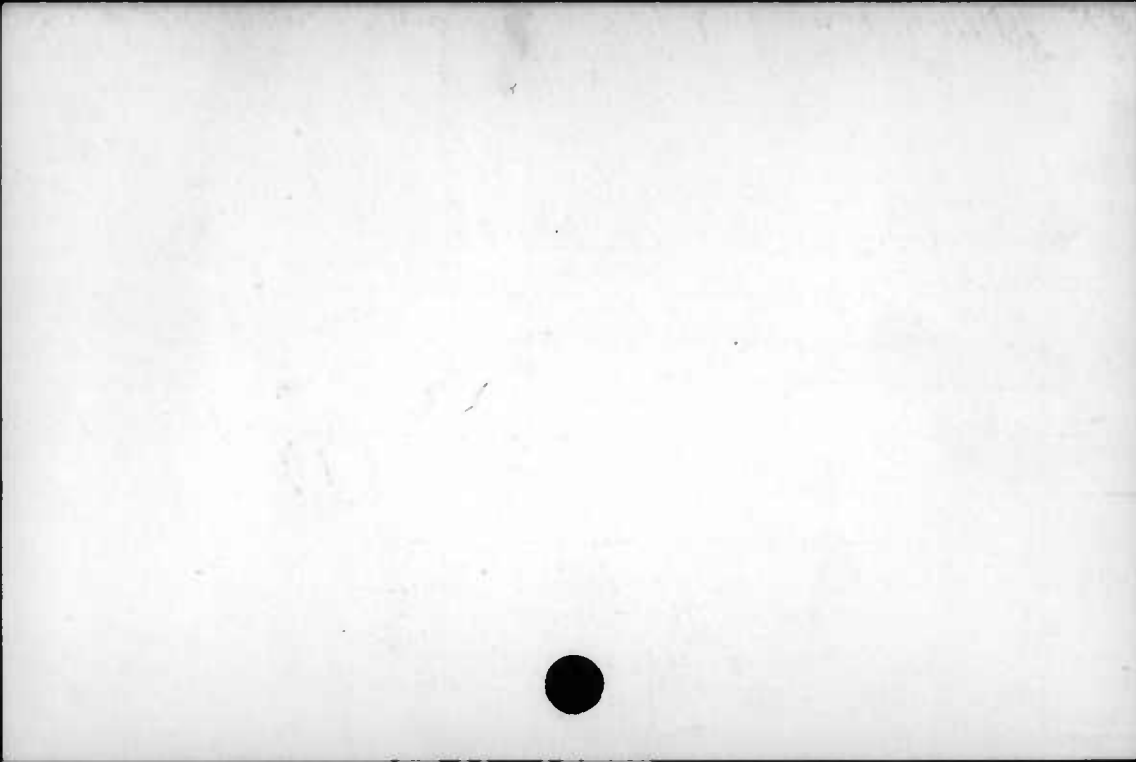
91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis 2 yrs</i>	How long
Immediate <i>Acute Bronchitis - Heart failure</i>	How long <i>4 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James O. Bussell M.D.</i>
	Address <i>Lawrence Me -</i>
Accident or Suicide? <i>No</i>	



Name in Full		CERTIFICATE OF DEATH			
John A. Pur till		Town Cumberland		County Allegheny	
Died at		MAYLAND			
Date of death	1908	Month Feb	Day 19	Age 24	Months 10
Sex Male	Color or Race White	Birth-place Painesville Ohio			
Occupation Railroad	Where Residing if not at place of death Painesville Ohio				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John J. Pur till	Father's Birthplace Maryland				
Mother's Maiden Name Annie Anderson	Mother's Birthplace Scotland				
Name of person giving information John J. Pur till	How related to deceased Father				
CAUSES OF DEATH					
Primary	Typhoid Fever		How long 33 days.		
Immediate	Perforation & Internal Hemorrhage.		How long 4 hours		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician William R. Foard M.D.			
Yes		Address 116 Virginia Ave Cumberland Md.			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm L. Rawlings

Town *Cumberland* County *Allegany -* MARYLAND

Died at *Cumberland*

Date of death *1908 Feb 1* Age *70* Months *4* Days *14*

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *Clerk* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Married* Name of Wife or Husband *Gueldis E. Rawlings*

Father's Name *Moses Rawlings* Father's Birthplace *West Va*

Mother's Maiden Name *Rebecca McCullough* Mother's Birthplace *Droghda*

Name of person giving information *Lloyd Rawlings* How related to deceased *Son*

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary *Meningitis* How long *One week*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. B. McDonald*

Address *Cumberland Md,*

Accident or Suicide? *H*

Dr. Mac Forward

Name
in
Full

Claude Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

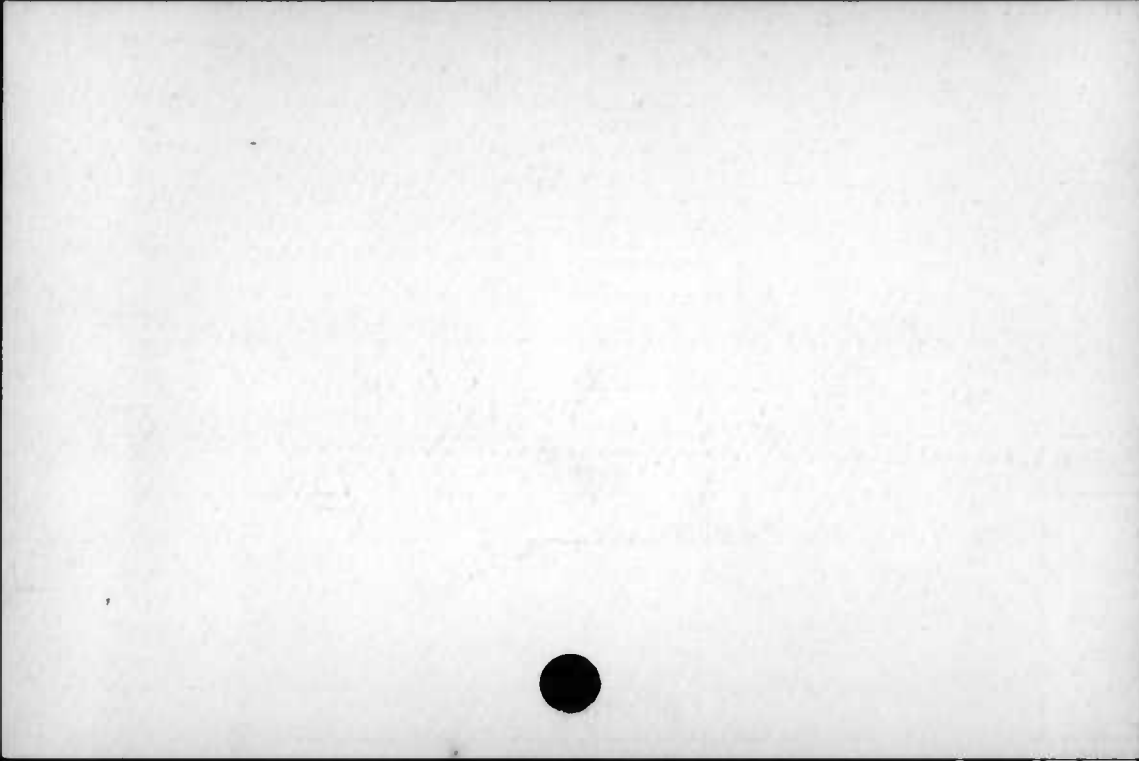
Died at <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>12</i>	Age <i>—</i>	Months <i>8</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumt'de</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. G. Reed</i>			Father's Birthplace <i>Romney W. Va.</i>		
Mother's Maiden Name <i>Carrie Cunningham</i>			Mother's Birthplace <i>Petersburg W. Va.</i>		
Name of person giving information <i>J. G. Reed</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>One week</i>
Immediate <i>Embolism</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. H. Hail M.D.</i>
<i>Stain</i>	Address <i>27 S. Mechanics St. Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

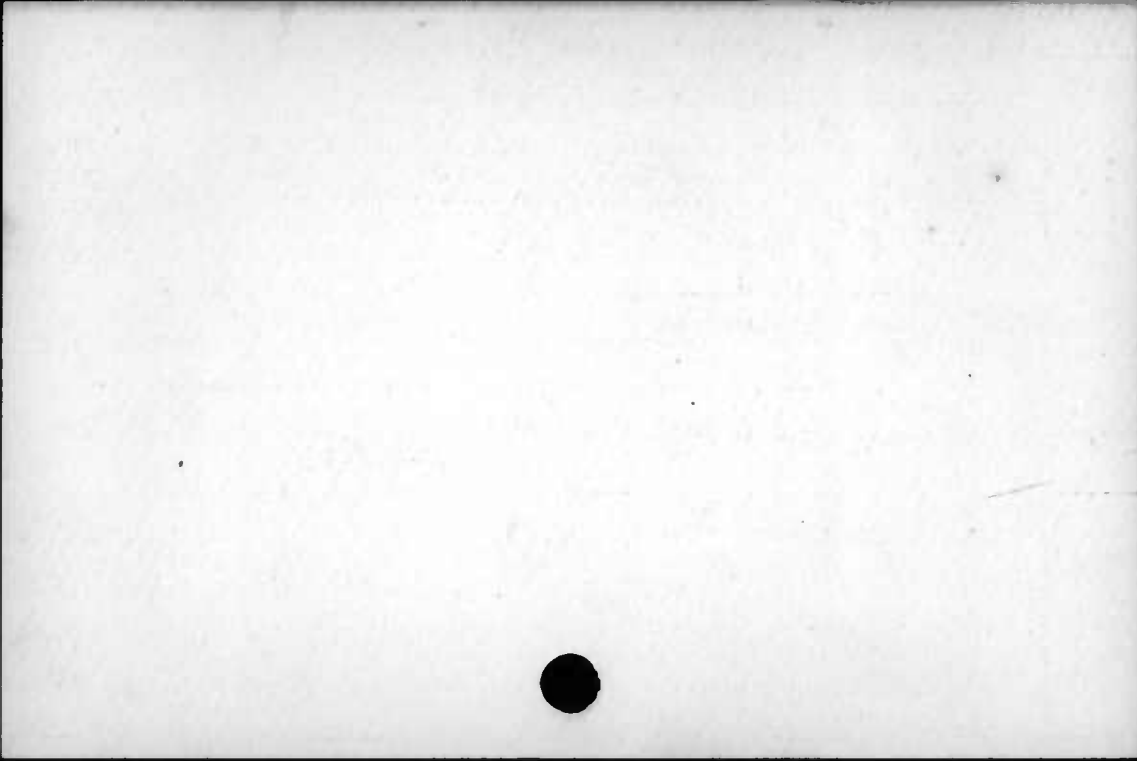
TO BE ANSWERED BY
NEAREST FRIEND

Joseph Reed (Alms House)
Died at *Cumberland* *Allegheny* County
Date of death *1908* *July* *8* Age *78* Months Days
Sex *Male* Color or Race *White* Birth-place *England*
Occupation *Sailor* Where Residing if not at place of death
Married, Single or Widowed *Not Known* Name of Wife or Husband
Father's Name *Not Known* Father's Birthplace *England*
Mother's Maiden Name *Not Known* Mother's Birthplace *England*
Name of person giving information *Peter Wilson* How related to deceased *No*

CAUSES OF DEATH

93

Primary *Old age and Senile Debility* How long *12 yrs*
Immediate *Acute Pneumonia* How long *8 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. J. Suran*
Address *Cumberland Md*
Accident or Suicide?



Name
in
Full

Robert Lynwood Reid

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Accrington		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1908	July	5	Age	30	11	8
Sex	Female		Color or Race	White		Birth- place	Cumberland
Occupation	Teamsters			Where Residing if not at place of death —			
Married, Single or Widowed	Married		Name of Wife or Husband Mary V. Reid				
Father's Name	Robert Reid					Father's Birthplace	Cumhd
Mother's Maiden Name	Bridget Connis					Mother's Birthplace	Cumhd
Name of person giving Information	May V. Reid					How related to deceased	Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	6 mos
Immediate	Chancrosis	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Thos W. Brown	
Address		K. B. ...	
Accident or Suicide?		No	

8 females -

Name
in
Full

Sylvester Reitenbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

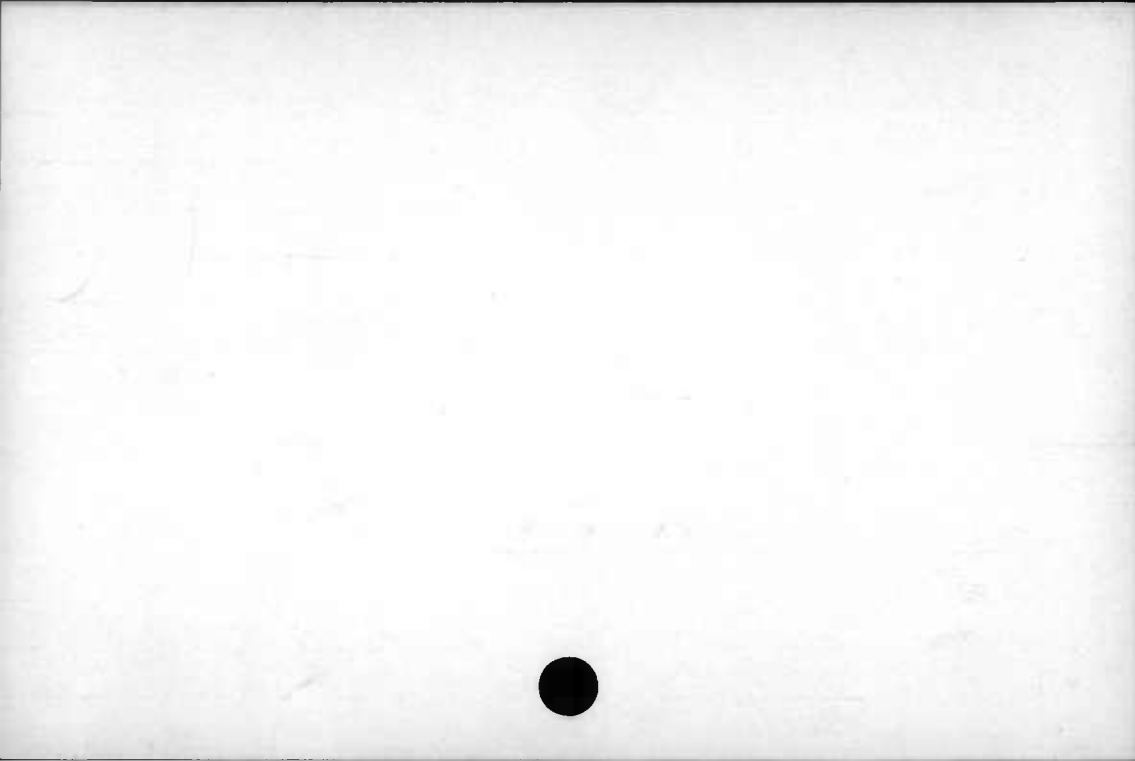
Died at <u>Town Creek</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u> ^{Month} <u>Feb</u> ^{Day} <u>18</u>	Age <u> </u> ^{Years}	Months <u> </u>		Days <u>1</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>Town Creek</u>			
Married, Single or Widowed <u> </u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Jesse Reitenbach</u>		Father's Birthplace <u>Penn a</u>			
Mother's Maiden Name <u>Mabel Holderman</u>		Mother's Birthplace <u>Penn a</u>			
Name of person giving information <u>Jesse Reitenbach</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

(85)

PHYSICIAN
OR CORONER

Primary <u>Hemorrhage</u>	How long <u>4 hours</u>
Immediate <u>Heart failure</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. V. L. Harbaugh</u>
	Address <u>Oldtown, Ind.</u>
Accident or Suicide? <u> </u>	



Name

in
Full

Suzah Rice (asylum)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge ^{County} Allegheny **MARYLAND**

Date of death 1908 ^{Month} Feb ^{Day} 12 Age ^{Years} 65 ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Md

Occupation None ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Unknown ^{Father's Birthplace} Unknown

Mother's Maiden Name Unknown ^{Mother's Birthplace} Unknown

Name of person giving information Rev. J. H. Hare ^{How related to deceased} No

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary ^{How long} Openly 6 weeks

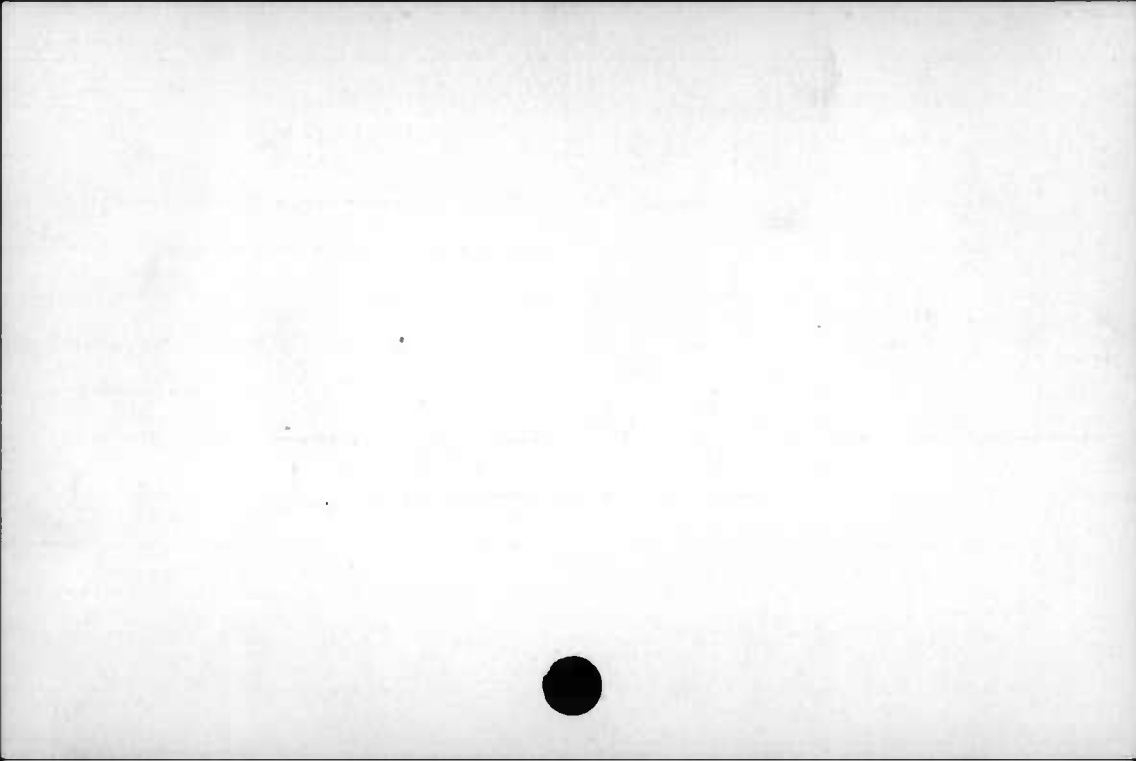
Immediate ^{How long} Archduke 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Hare

Address Cambridge, Md.

Accident or Suicide?



Name
in
Full

William Franklin Roberts Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cum* TownCounty *Alle*

MARYLAND

Date
of death *1908*Month *Feb*Day *29*

Age

Years *9*Months *10*

Days

Sex *Male*Color or
Race*White*Birth-
place*Md*

Occupation

*none*Where Residing if not
at place of death*—*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*William F. Roberts*Father's
Birthplace*West Va*Mother's
Maiden Name*E. B. Floyd*Mother's
Birthplace*Md*Name of person giving
In formation*William F. Roberts*How related
to deceased*Father*

CAUSES OF DEATH

93

Primary

Meumania

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. V. Brown*

Address

*Burke's Hall
Md*

Accident or Suicide?

Kearneysville West Va
Jefferson County

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Daniel Feally* ^{Town} *Frostburg* ^{County} *Madison* **MARYLAND**

Died at *Frostburg* ^{Month} *2* ^{Day} *7* ^{Years} *52* ^{Months} *—* ^{Days} *—*

Date of death *1908*

Sex *Male* Color or Race *White* Birth-place *U. S.*

Occupation *Carpenter* Where Residing if not at place of death *Home*

Married, Single or Widowed *M.* Name of Wife or Husband *Mary Feally*

Father's Name *James Feally* Father's Birthplace *Ireland*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Ireland*

Name of person giving information *Daryl Brady* How related to deceased *Son in law*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

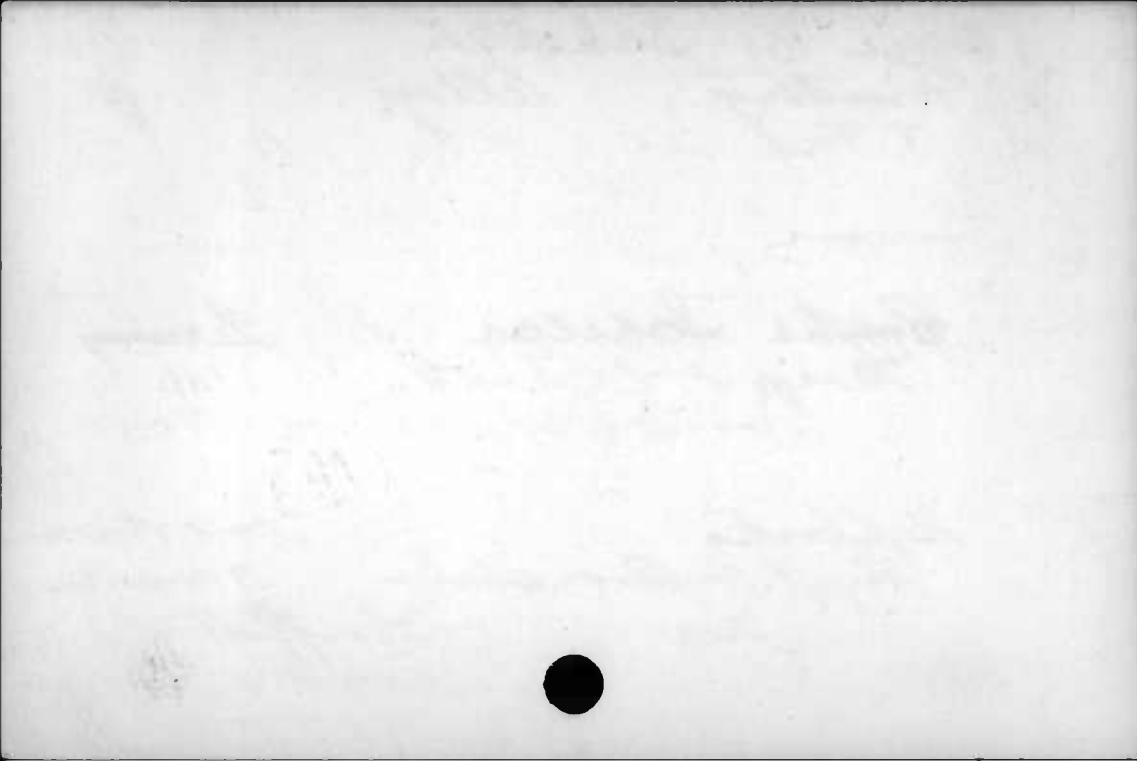
Primary *Penetrating Wound abdomen* How long *—*

Immediate *Internal Hemorrhage* How long *20 Minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Thomas H. Massey*

Address *Frostburg, Md.*

Accident or Suicide? *—*



Name in Full		Certificate of Death			
Miss B. Scheller		MARYLAND			
Died at Frostburg		County Allegany			
Date of death 1905 Feb 25		Age 49		Months 11 Days	
Sex F		Color or Race W		Birth-place Pa	
Occupation Carpenter		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Casper Scheller		Father's Birthplace Germany			
Mother's Maiden Name Margaret E. Galt		Mother's Birthplace "			
Name of person giving information David Scheller		How related to deceased Brother			
CAUSES OF DEATH					
Primary Nephritis		How long 10			
Immediate Infl. & Bronchitis		How long 3 weeks			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. G. Giffitt			
		Address Frostburg Md			
Accident or Suicide?					

Eckhard Lem.

J. Hofer

Name in Full		Samuel Oliver Shumaker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		Towm County		MARYLAND	
	Date of death	1908	Feb.	24	Age	Years	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Cumberla	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	Harry J Shumaker				Father's Birthplace	Wymondau Pa
	Mother's Maiden Name	Leora Lorry				Mother's Birthplace	Pa
Name of person giving information	Harry J Shumaker				How related to deceased	Father	
	CAUSES OF DEATH						(92)
PHYSICIAN OR CORONER	Primary	Broncho pneumonia				How long	3 days
	Immediate	Asphyxia				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		no		Address		
				116 Va. Ave			
				Cumberland Md.			

Samuel

Samuel Co. Pa.

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mrs Mary Anna Seefers* Town *Cumberland* County *2*

Died at *Cumberland*

Date of death 1908 Month *2* Day *26* Age Years *78* Months *—* Days *24*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Martha A Seefers*

Father's Name *Henry Brookman* Father's Birthplace *Germany*

Mother's Maiden Name *Elizabeth Teatir* Mother's Birthplace *11 11*

Name of person giving information *Selia Seefers* How related to deceased *Daughter*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary *Carcinoma (Vulva)* How long *months*

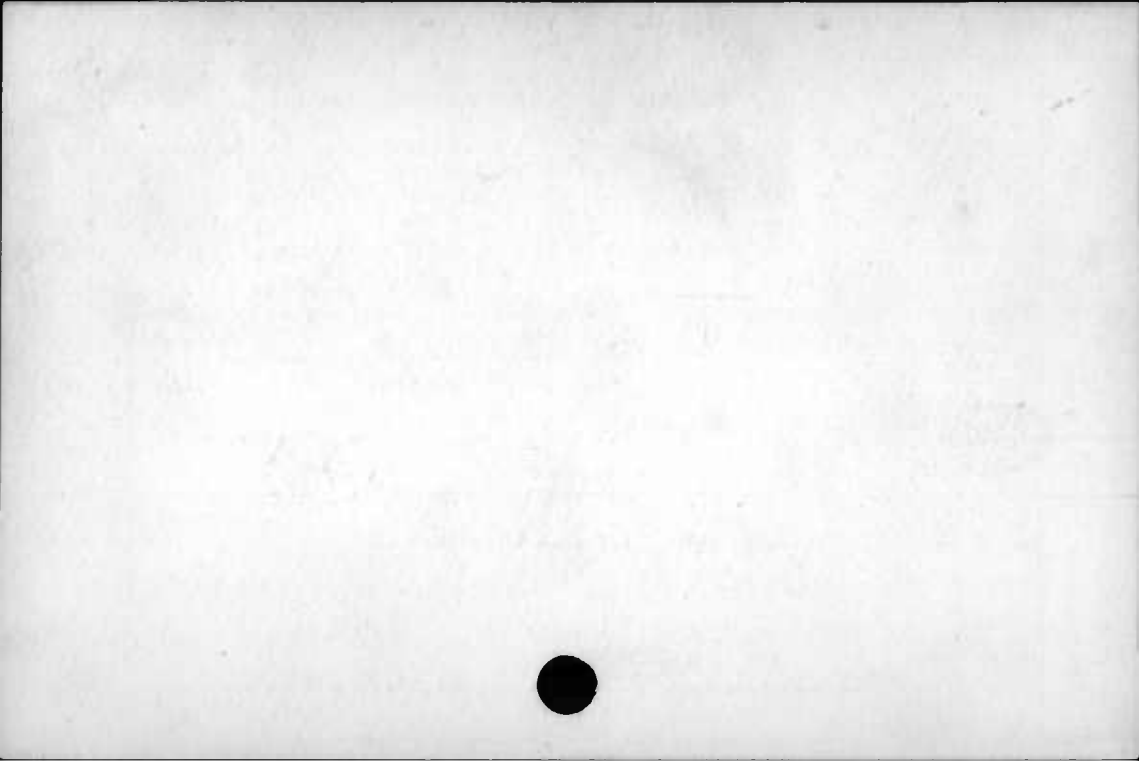
Immediate *Exhaustion* How long *weeks*

Are the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician *J. W. Sochtman*

Address *Cumberland Md*

Accident or Suicide? *H*



Name
in
Full

Phillips Smith (Wm's House)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumbrland Maryland County MARYLAND

Date of death 1908 Feb 21 Age 31 Months — Days —

Sex Male Color or Race White Birth-place MD

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Unknown Father's Birthplace MD

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Peter Wilson How related to deceased No

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary Injury - Neck & Bone How long 20 yrs.

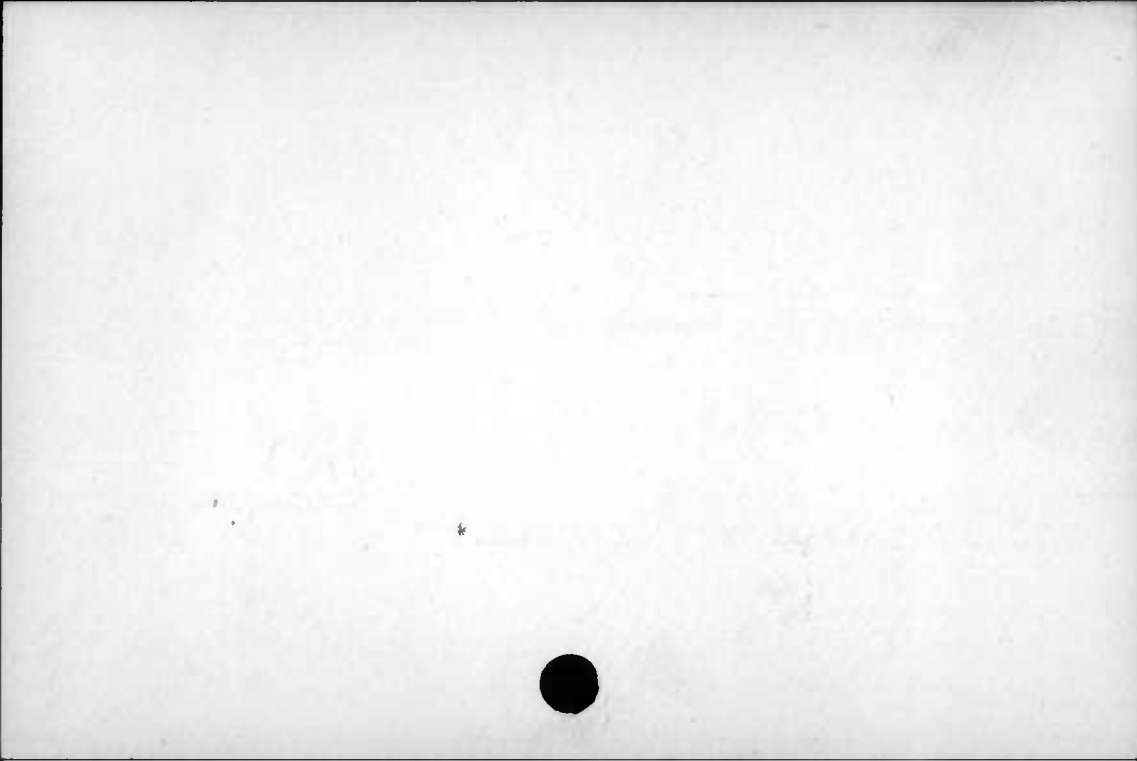
Immediate Exhaustion How long 1 yr.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. F. Swigg

Address Cumbrland, MD

Accident or Suicide? —



Name
in
Full

Wm L. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

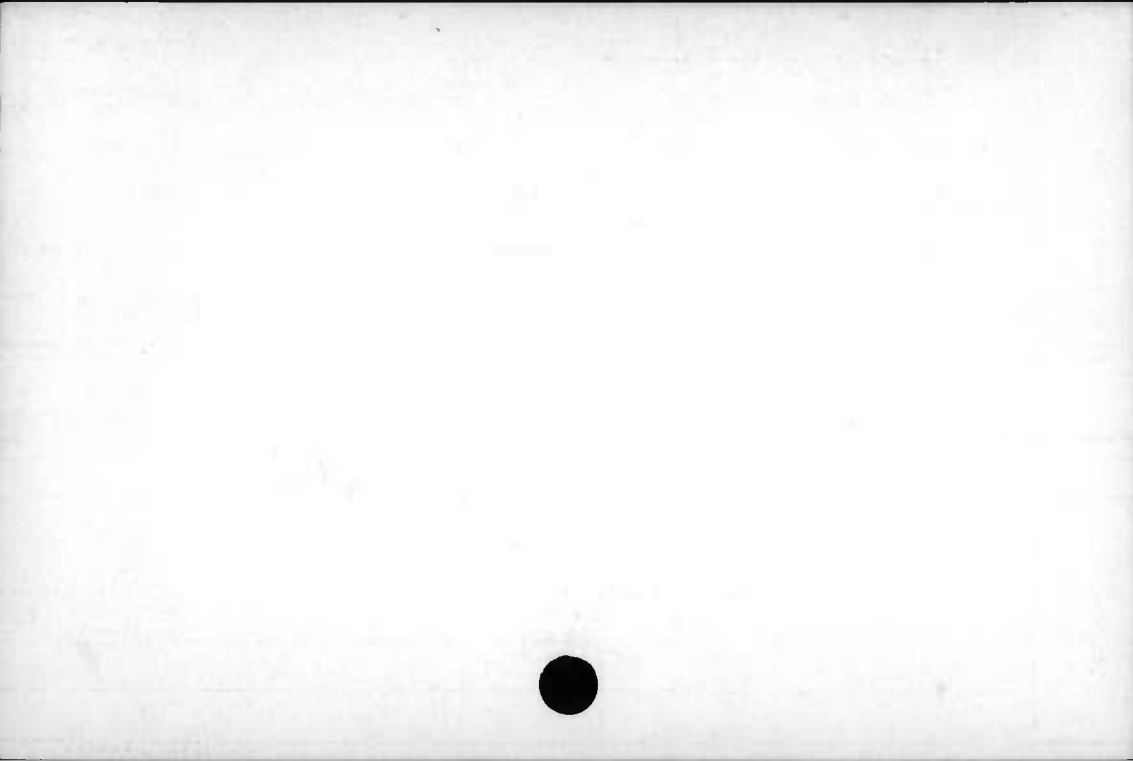
Died at <i>Barton</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>22</i>	Age <i>60</i>	Months	Days <i>22</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hammer & W. Va</i>	
Occupation <i>Miner</i>		Where Residing if not at place of death <i>Reynolds near Barton</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hansey C. Smith</i>				
Father's Name <i>Wm L. Smith</i>	Father's Birthplace <i>W. Va</i>				
Mother's Maiden Name <i>Mary Jane Dawson</i>	Mother's Birthplace <i>W. Va</i>				
Name of person giving information <i>John Smith</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

97

17
PHYSICIAN
OR CORONER

Primary <i>Asthma & Bronchitis</i>	How long <i>One week</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. A. Boucher</i>
	Address
Accident or Suicide?	



Name
in
Full

Clyde Squires

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>25</i> <small>Age</small>	<i>2</i> <small>Years</small>	<i>3</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>none</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Arthur Squires</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Ida Burrall</i>	Mother's Birthplace <i>Cumberland Md</i>				
Name of person giving information <i>Ida Squires</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. McDonald</i>
<i>Stain</i>	Address <i>Cumberland Md, McDonald</i>
Accident or Suicide?	

九

Name
in
Full

Beef. B. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

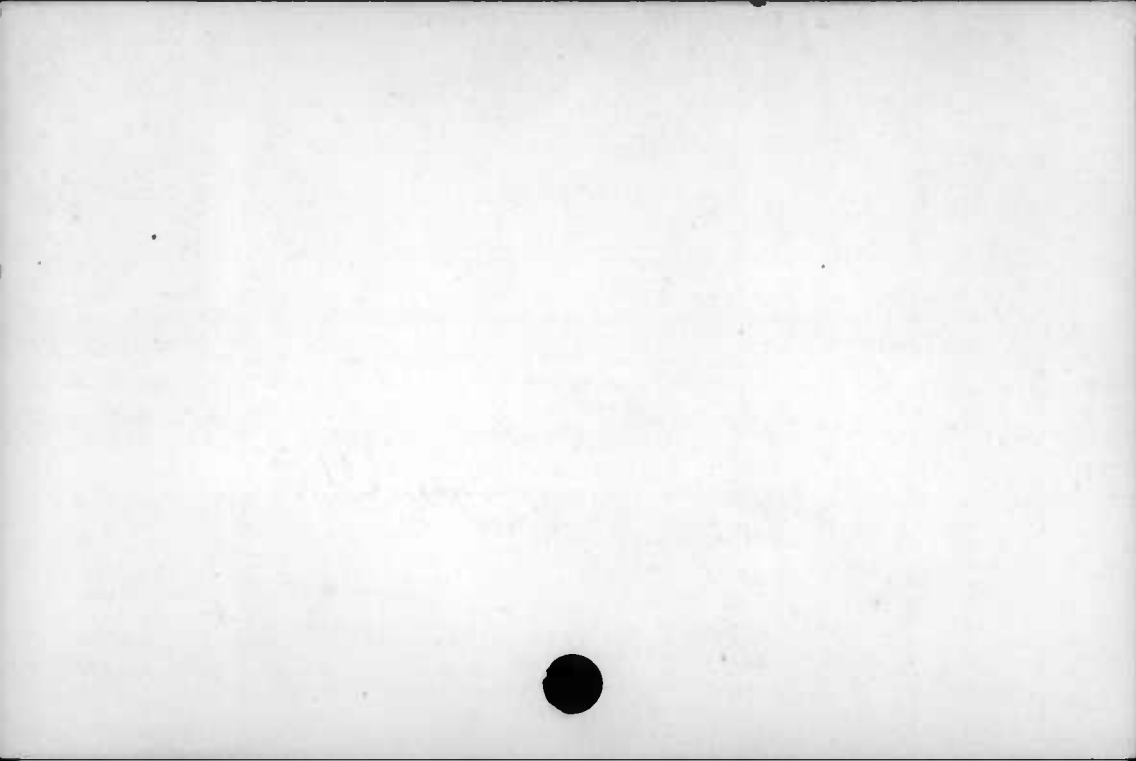
Died at		Town <i>Frederick</i>		County <i>Allegh</i>		MARYLAND	
Date of death		1900	Month <i>Feb</i>	Day <i>23</i>	Age <i>40</i>	Years <i>8</i>	Months <i>2</i>
Sex <i>Mr</i>		Color or Race <i>white</i>		Birth-place <i>W. Virginia</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>X</i>					
Father's Name <i>David Thomas</i>		Father's Birthplace <i>Wales</i>					
Mother's Maiden Name <i>Harriett Lewis</i>		Mother's Birthplace <i>Wales</i>					
Name of person giving information <i>Alex Thomas</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Corrosion of Liver</i>	How long	<i>don't know</i>
Immediate	<i>Bronchitis</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thrift</i>	
		Address <i>Frederick Md.</i>	
Accident or Suicide?			



Name
in
Full

Edward P. Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

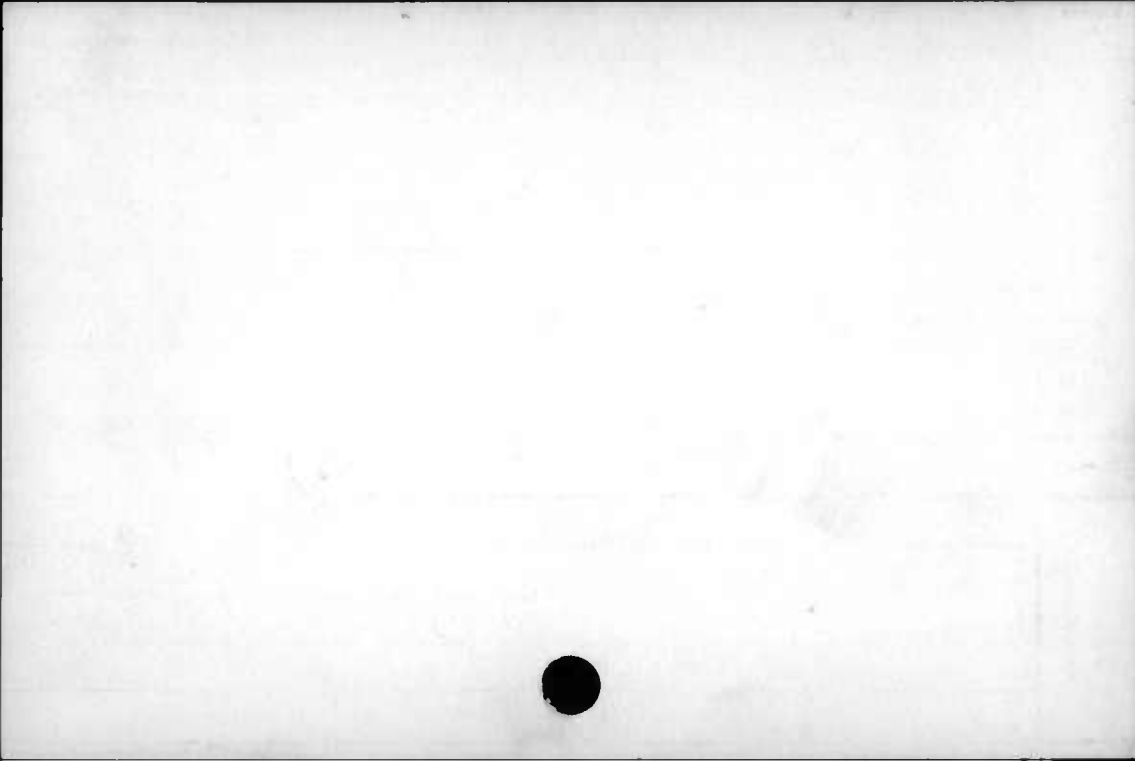
Died at <i>Cumberland</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	1908	Month	Feb	Day	15
		Year	36	Months	-
		Days	-		
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Pa</i>				
Occupation	<i>Salesman</i>		Where Residing If not at place of death	<i>Danville Pa</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>-</i>	
Father's Name	<i>Do not know</i>			Father's Birthplace	<i>Do not know</i>
Mother's Maiden Name	<i>Do not know</i>			Mother's Birthplace	<i>Do not know</i>
Name of person giving information	<i>J. P. Holloman</i>			How related to deceased	<i>none</i>

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary	<i>Heart failure</i>	How long	
Immediate	<i>Brought on by alcohol</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>J. H. Martz Coroner</i>
	<i>Street</i>	Address	<i>Cumberland</i>
Accident or Suicide?			<i>MD</i>



Name
in
Full

Louise M. Townsend.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

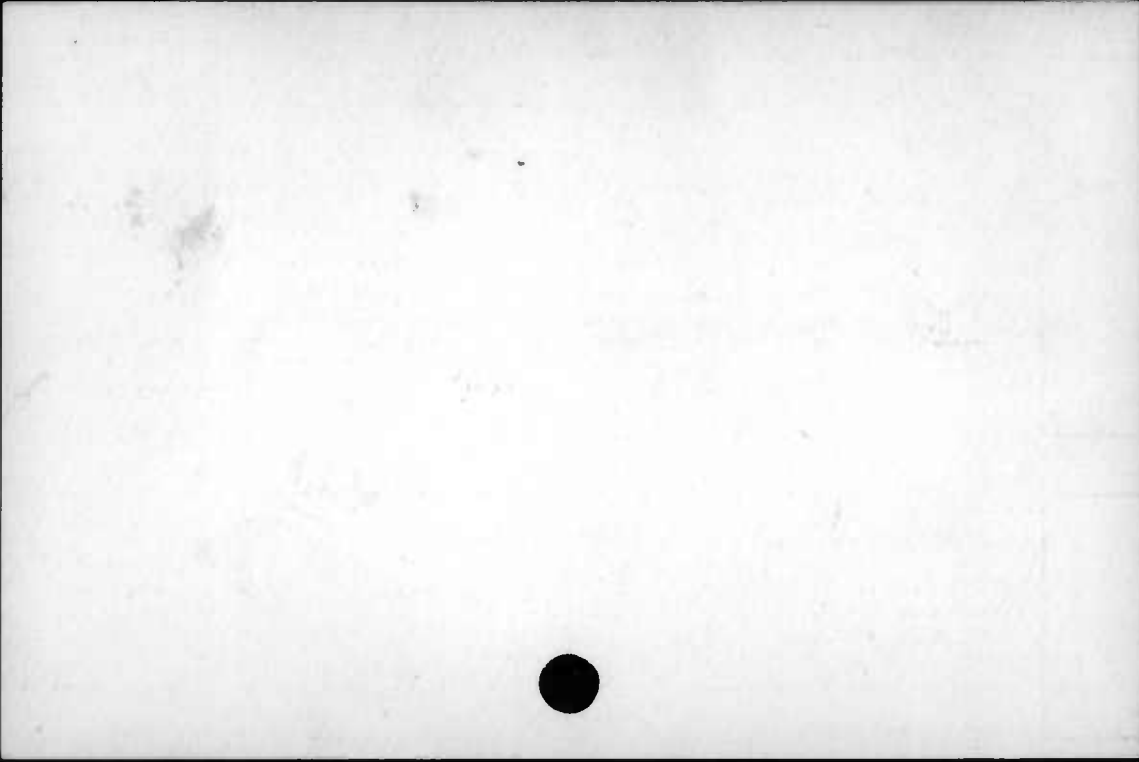
Died at <u>Cumberland, Allegany</u>		County		MARYLAND	
Date of death	1908	Month	2	Day	18
Age	65	Years		Months	
Sex	Female	Color or Race	White	Birth place	Valcour N.Y.
Occupation	Housewife		Where Residing if not at place of death <u>Cumberland</u>		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Robert L. Townsend</u>			
Father's Name	<u>M. L. Bissell</u>			Father's Birthplace	<u>N.Y.</u>
Mother's Maiden Name	<u>M. Brown</u>			Mother's Birthplace	<u>N.Y.</u>
Name of person giving information	<u>Robert Townsend</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	<u>Paralysis =</u>	How long	<u>1 mo</u>
Immediate	<u>Cerebra =</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Edt Brauer D</u>		
	Address <u>Cumberland</u>		
Accident or Suicide?	<u>no -</u>		



Name
in
Full

Anna Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Feb.	3	Age	116 supposed to be.		
Sex	Female		Color or Race	Colored		Birth-place	Va.
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widow.		Name of Wife or Husband				
Father's Name		Don't know				Father's Birthplace	
Mother's Maiden Name		"				Mother's Birthplace	
Name of person giving information		Isaac N. Preston				How related to deceased	
						Grandson	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Died from Natural Cause.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

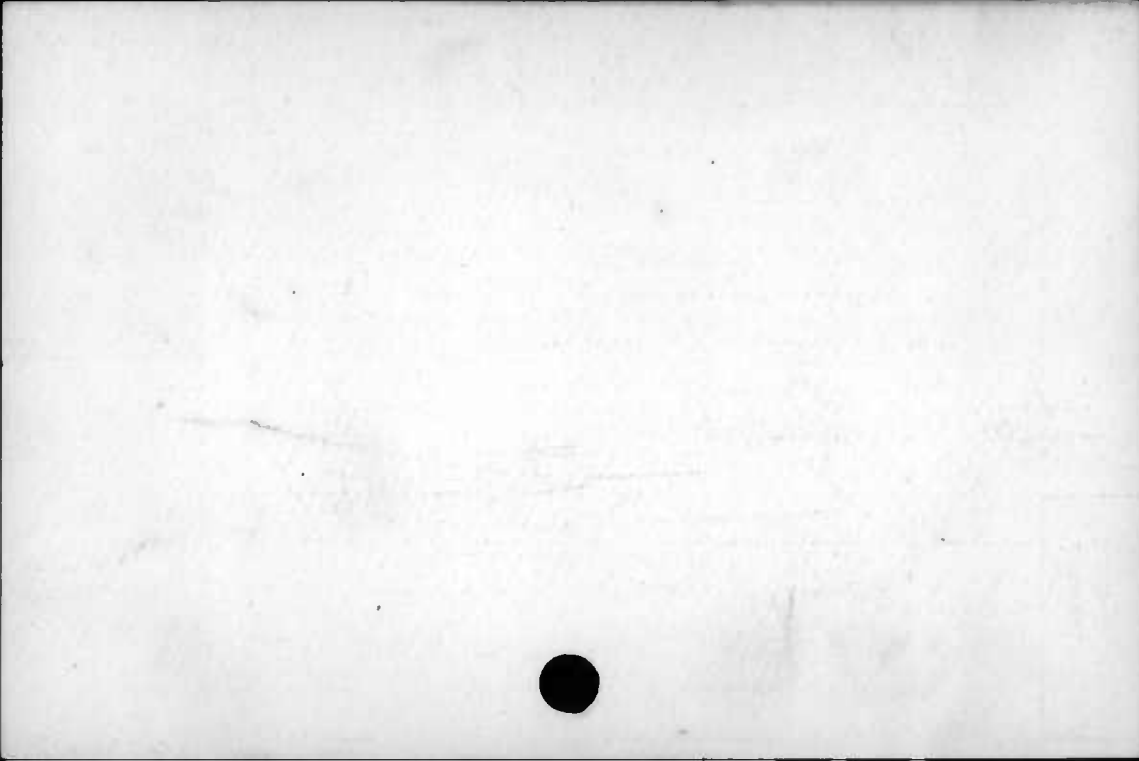
Address

G. H. Macky, M.D.
Cumberland
Md.

Accident or Suicide?

137 Fred. Sr.

Name in Full		George Williams				CERTIFICATE OF DEATH	
		Tcwn		County		MARYLAND	
Died at		Cumberland		Alleghany			
Date of death		1908	Month 2	Day 13	Age 26	Months	Days
Sex		Male		Color or Race	Black	Birth-place	Va -
Occupation		Porter		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Unknown			
Father's Name		Unknown				Father's Birthplace Unknown	
Mother's Maiden Name		" " "				Mother's Birthplace " " "	
Name of person giving information		E. H. Speary				How related to deceased None -	
		CAUSES OF DEATH				(93)	
Primary		Pneumonia				How long 3 weeks.	
Immediate		Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		B. M. Donald			
		Address		Cumberland			
Accident or Suicide?		No					



Name
in
Full

Olean Winier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

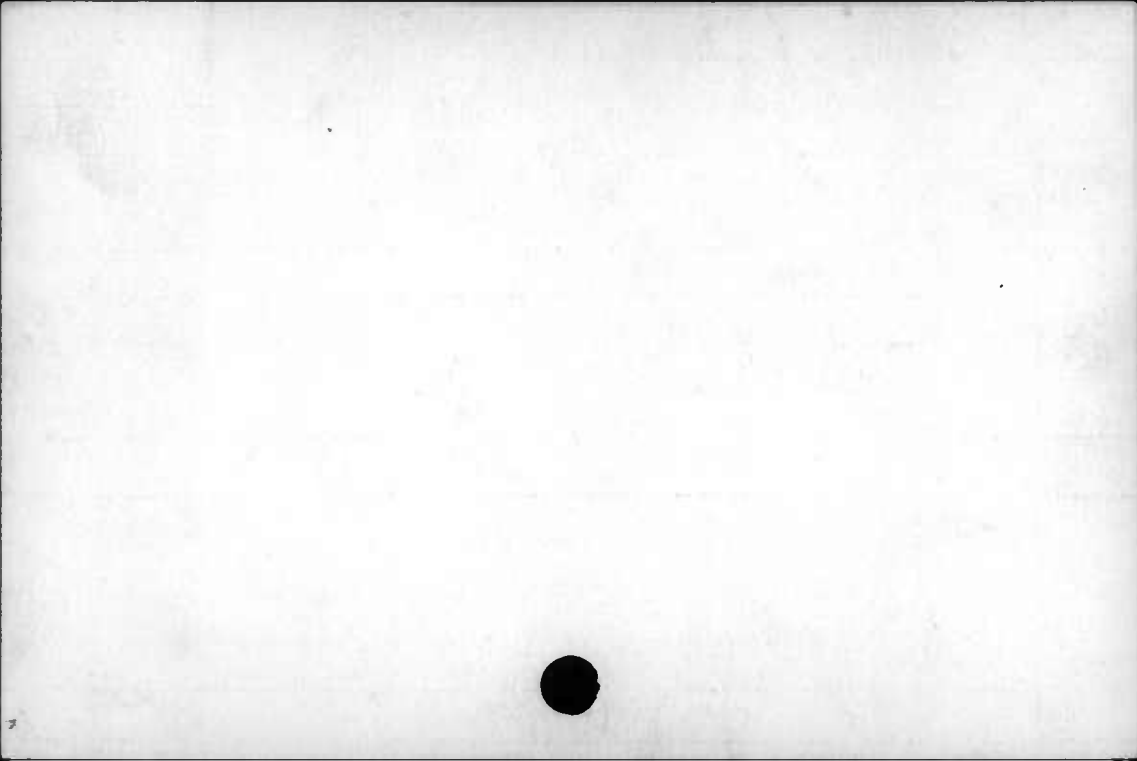
Died at		Town <i>Pittsburg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1908	Month <i>Feb</i>	Day <i>26</i>	Age <i>1</i>	Years <i>7</i>	Months <i>9</i>	Days <i>x</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Westernport</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Child</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Charles Winier</i>				Father's Birthplace	<i>Pittsburg</i>	
Mother's Maiden Name	<i>Minnie Murphy</i>				Mother's Birthplace	<i>Frostburg</i>	
Name of person giving In formation	<i>William Bernman</i>				How related to deceased	<i>None</i>	

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	<i>Scarlet fever</i>	How long	<i>4 days</i>
Immediate	<i>Acute nephritis</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Al Smith</i>
		Address	<i>Midland Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Francis Woods

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Midland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>Feb</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age <u>14</u> <small>Years</small>	<u>1</u> <small>Months</small>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Midland, Md.</u>	
Married, Single or Widowed <u>—</u>			Where Residing if not at place of death <u>Midland, Md</u>		
Name of Wife or Husband					
Father's Name	<u>Terance Woods</u>			Father's Birthplace	<u>Lonaconing, Md.</u>
Mother's Maiden Name	<u>Annie V. Grimes</u>			Mother's Birthplace	<u>Frostburg, Md.</u>
Name of person giving information	<u>Terance Woods</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	<u>Acute Meningitis</u>	How long	<u>3 hours</u>
Immediate	<u>Acute Meningitis</u>	How long	<u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>P. P. O'Neil,</u>	
Address		<u>Midland, Md.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Yates*
Town *Woodsbury* County *Allegany* MARYLAND
Died at
Date of death *1908* Month *Feb* Day *9* Age *80* Years Months *7* Days *26*
Sex *F* Color or Race *W* Birthplace *Wales*
Occupation *House wife* Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband *Joseph Yates*
Father's Name *Owen Price* Father's Birthplace *Wales*
Mother's Maiden Name *Jane Owens* Mother's Birthplace *Wales*
Name of person giving information *Joseph Yates* How related to deceased *Son*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *Six days*
Immediate *Exhaustion* How long
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *J. H. Griffith*
Address *Woodsbury Md*
Accident or Suicide?

Ally. Cenn.

J. Hafer

Name
in
Full

Edna Pearl Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Soucomy Town Allegheny County

Date of death 1908 Feb 22 Age 3 Months 3 Days

Sex Female Color or Race White Birth-place Soucomy

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Hugh Young Father's Birthplace Soucomy

Mother's Maiden Name Bertie Mary Green Mother's Birthplace Allegheny Co. Pa

Name of person giving information Mrs. Han Young How related to deceased Grand Mother

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary Child was smothered How long _____

Immediate accidentally How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Henry M. Hodgson

Address Soucomy, Md

Accident or Suicide? Accident

